

BERKELEY UNIFIED SCHOOL DISTRICT  
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP  
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND  
MEDICAL TREATMENT AUTHORIZATION

I, \_\_\_\_\_ (Parent/Guardian), do hereby give my permission for my child, \_\_\_\_\_ (Student Name), to participate in the \_\_\_\_\_ (Trip Name) field trip on \_\_\_\_\_ (Date) to \_\_\_\_\_ (Destination). I understand that this trip is voluntary and that my child will be responsible for their own safety and behavior. I assume the risk of injury or illness that may occur during the trip. I authorize the school district to provide medical treatment to my child if necessary. I understand that the school district is not responsible for any injury or illness that may occur during the trip. I understand that my child will be responsible for their own safety and behavior. I understand that the school district is not responsible for any injury or illness that may occur during the trip.

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