

## WALKING FIELD TRIPS PERMISSION FORM

School Year: 20 16 - 20 17

Teacher:	Grade:	Subject:	
Class field trips within walking distance of enrichment, outdoor activities and to enab studying.	the school are som le pupils to get a b	etimes arranged in order to etter understanding of what	provide the class is
If you give permission for your child to pa complete and return this form to the teach have any questions regarding the trips pla	ner identified below	. Please contact the teacher	Delow II you
		Jesse Cen-	
	Signature	e of Principal	101000000000000000000000000000000000000
*	Signatur	e of Teacher	• a
Name of Student			
I give permission for my child to go on w	alking field trips du	ring the 20 <u>16</u> - 20 <u>17</u> scho	ol year.
Name of Parent/Guardian			
	Dated:	T	
Signature of Parent/Guardian			9

**Important Notice:** California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

Oakland Unified School District does not provide insurance for these field trips/excursions, although optional insurance is available for purchase at <a href="https://studentinsuranceusa.com/">https://studentinsuranceusa.com/</a> (click on the link to K-12 Plans).