



ROSE & ALEX PILIBOS A.R.S. "MAYR" CHAPTER MARY POSTOIAN PRESCHOOL  
 1611 N. Kenmore Avenue, Los Angeles, California 90027 P.323.668.0343 F.323.668.1524 www.pilibospreschool.org

### FIELD TRIP PARENTAL PERMISSION AND RELEASE FORM

My child \_\_\_\_\_ in \_\_\_\_\_ group has my permission to participate in a trip to: **Los Angeles Zoo**, 5333 Zoo Drive, Los Angeles, CA, 90027.

**Date:** Thursday, January 30, 2020

**Cost of the trip (Student):** \$30.00(Includes One Chaperon)

**Time:** 9:00a.m. - 2:30p.m.

**Cost of the trip (Parent):** Included

**Transportation:** Drivers needed:  Yes  No

Private cars:  Yes  No

Bus:  Yes  No

Walking:  Yes  No

**Please note:**

**California Education Code Section 35330(d)**

All persons making the field trip or excursion shall be deemed to have waived all claims against the school, its employees, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.

\_\_\_\_\_  
**Approval Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

### MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgement in obtaining medical service for the child and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Doctor's Name and Telephone No.

\_\_\_\_\_  
 Emergency Telephone Numbers

\_\_\_\_\_  
 Signature of Parent or Guardian