



Field Trip Permission Slip

I hereby grant permission for _____ my son/daughter/ward: to participate in a field trip to:
Santa Cruz Beach Boardwalk 400 Beach St. Santa Cruz, Ca 95060 on Friday 8/22/25.

I understand this field trip is optional and attendance by my child is not required and that an alternative activity at school will be provided if my child elects not to participate.

The start location for this field trip is U.P.H.S. Woodland Drive . Students need to report at 6:30 a.m. SHARP

I understand that it is my responsibility to pick up my child from U.P.H.S. at 10:00 pm.

The students may be earlier depending on traffic, they will communicate when a half an hour out.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all times.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by University Preparatory High School staff to secure proper treatment for my child.

I understand that if my student becomes a behavioral issue, I may be required to pick them up from the field trip.

I understand that Education Code 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District, County, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against University Preparatory High School for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Parent or Guardian Signature Date: _____

Emergency Contact for the date(s) of the field trip.

Contact # 1

Name: _____

Address: _____

Phone Number: _____

Relationship to Student: _____

Contact # 2

Name: _____

Address: _____

Phone Number: _____

Relationship to Student: _____

Contact # 3

Name: _____

Address: _____

Phone Number: _____

Relationship to Student: _____

Medical information

Medical Insurance Carrier: _____

Doctor Name: _____

Allergies: _____

Any health need to be aware of: _____

Student DOB: _____