This form must be signed in ALL THREE PLACES (**) by a parent or guardian (even if student is 18 years of age or older) and presented with a VALID SCHOOL ID to the FOECR PTO representative when purchasing a ticket.

PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

El Camino Real Charter High School

*	has my permission to participate in the
(Student's Name) field trip to Disneyland Grad Nite	JUNE 6-7, 2020
Departure	A:00 AM PTO
	METHOD OF TRANSPORTATION
No meals provided.	□ Walking X School bus
	□ Private auto
	□ Other
PARENTS, PLEASE NOTE:	
Section 35330 of the California Education Code state	es in part:
agree to direct my child to cooperate with directions a n charge of the activity.	nd instructions of the school district personne
Parent's or guardian's permission signature	Date
AUTHORIZATION FOR MEDICAL CARE	
Student's	name
should it be necessary for my child to have medi- al care while participating in this trip, I hereby Home add ive the School District personnel permission to	
should it be necessary for my child to have medi- al care while participating in this trip, I hereby ive the School District personnel permission to se their judgment in obtaining medical care for e child, and I give permission to the physician elected by the School District personnel to	
should it be necessary for my child to have medi- al care while participating in this trip. I hereby ive the School District personnel permission to the physician se their judgment in obtaining medical care for ne child, and I give permission to the physician elected by the School District personnel to ender medical care deemed necessary and ap- ropriate by the physician. I understand that the	Iress
should it be necessary for my child to have medi- al care while participating in this trip. I hereby ive the School District personnel permission to the physician elected by the School District personnel to ender medical care deemed necessary and ap- ropriate by the physician. I understand that the elected or hospital costs incurred by my child nd, therefore, any cost incurred for such treat	tress
Should it be necessary for my child to have medi- acal care while participating in this trip, I hereby jive the School District personnel permission to the child, and I give permission to the physician elected by the School District personnel to ender medical care deemed necessary and ap- ropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treat	tress phone number telephone number of parent or guardian

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

Friends of EL CAMINO REAL Charter High School PTO Disney Grad Nite 2020 – Saturday June 6th, 2020 ***<u>PARENT/GUARDIAN CONSENT</u>***

I understand Disney Grad Nite is a Friends of ECR PTO sponsored activity and NOT an ECRCHS school sponsored activity. The Friends of ECR PTO and El Camino Real Charter High School are not liable for any injuries or anything else that may occur during the event.

*

ECRCHS Student ID Number

*

Print Student's Name

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*
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Student's Cell Phone Number (include area code)

*

Student / Parent E-Mail

**

Parent/Guardian Signature

*

Parent Cell/Home Phone Number (include area code)

To be completed by FOECR PTO representative at time of bus assignment:
Receipt Number:
Bus Number :