

Due Date:



**El Rancho Charter School**  
**Student Permission Form**  
Off-Campus / Excursion / Field Trip

Activity: Running Clinic (Thanksgiving Break)	
Date: Mon, November 21 - Wed. Nov 23	
Departure From: El Rancho Charter School	Time: 8:00am
Return To: El Rancho Charter School	Time: 10:00am
Transportation: <input type="checkbox"/> District Bus <input type="checkbox"/> Commercial Bus <input type="checkbox"/> Private Vehicle Driven By: N/A	
Student Dress: PE or Cross Country Uniform	
Cost of Trip: \$15.00	
Meals: <input checked="" type="checkbox"/>	
Signature of School Official in Charge: Allepon Reeds	



**Please sign and return bottom section to the school**

Print Student Name: \_\_\_\_\_ has my permission to participate  
in this activity: \_\_\_\_\_

*I fully understand that my child is to accept and follow all rules and requirements governing conduct during this trip. (Students riding the school bus to an activity are expected to return by bus and any deviation from this rule must be approved by parent and school official prior to the event). In consideration of the permission granted, I the undersigned hereby release and discharge the above named school official and El Rancho Charter School and the Orange Unified School District from all liability claims for injury, accident, illness, or death occurring during or by reason of the trip. In the event of an accident or sudden illness, school officials/chaperones have my permission to authorize/render whatever emergency medical treatment may be deemed necessary for the above-named student.*

I have reviewed and understand the conditions of the off-campus trip described above and give consent for my child to participate.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

If parent/guardian can not be reached in an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has a special medical problem/allergy: \_\_\_\_\_

My child needs to take medication **during** the trip: \_\_\_\_\_

Student's health accident insurance carrier: \_\_\_\_\_