



**Newbury Park High School**  
**“Senior Picnic and Grad Nite”**  
**FIELD TRIP/EXCURSION & Medical Treatment Authorization**

**(NPHS Senior Picnic and Grad Nite are for NPHS Seniors ONLY)**

**Note:** In order to purchase the Senior Picnic and/or Grad Nite ticket, a completed permission form must be turned in and on file for each senior at the start of the 2018-2019 school year.

**Cost:** Picnic \$15-25    Grad Nite \$100-110                      \*PHOTO I.D. REQUIRED OF ALL ATTENDEES

**Method of Transportation** (*All students must take the same method of transportation*): SCHOOL ORGANIZED BUS  
**Senior Picnic Location:** Malibu Conference Center    **DATE & Time:** 5/28/19 10am-4pm\* subject to change based on location availability.  
**Grad Nite Location:** Six Flags Magic Mountain                      **DATE & Time:** 6/6/19-6/7/19 6pm-6am \* subject to change based on location availability  
**Supervision:** Assistant Principal of Activities & Certificated Teachers

**Name of Student (Last, First)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Student Address** \_\_\_\_\_

1. **I hereby give permission** for my child or ward (named above) to participate in the Senior Activities Field Trips.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in these Field Trips?  
 No     Yes. **Please explain** \_\_\_\_\_
3. **Regarding administration of medication: All medications must be prescribed, including over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?**  
 No     Yes    **Parent/Guardian must contact the school office** to obtain form SFA-5010, “Authorization for Any Medication Taken during School Hours,” form SFA-5030, “Authorization For Medications Taken During School Hours, School Activities and Field Trips” or form SFA-5040, “Extended Field Trip or Excursion Medication Authorization” (which must be signed by a parent/guardian and child or ward’s physician).
4. **If you have health insurance, please list:**  

Health Insurance Company	Policy Number	Group Number
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5. **Please list additional emergency contacts, should the parent /guardian be unavailable:**  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip/Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian’s expense.
7. **Waiver of Claims for Liability: I understand that California Education Code, Section 35330 provides:**  
“*All persons making the field trip or excursion shall be deemed to have waived all claims against the 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. 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.*”  
In providing consent for my child or ward to attend and participate in this Field Trip/Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.  
I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion.
8. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward’s parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(REQUIRED EVEN IF STUDENT IS 18)

**Parent/Guardian Contact Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_