



Santa Barbara County Education Office

Regional Occupational Program – Santa Barbara County

4892 Bethany Lane, Santa Maria, CA 93455

(805) 937-8427 - FAX (805) 937-7489

Field Trip Parent Permission/Medical Release Form

My son/daughter _____ who is enrolled in _____
Student Name

R.O.P. _____ has my permission to participate in a field trip to _____
Class

_____ located in _____
Point of Interest City

on _____
Date(s)

PARENT/GUARDIAN CONSENT

I am aware of the following transportation arrangements:

Leave: _____ a.m./p.m. Return: _____ a.m./p.m.

Transported By: County/District Vehicle or Bus Public Carrier Rental Vehicle
 Privately Owned Vehicle CHP – Approved Private Carrier

I will assume responsibility for getting my son/daughter from the school to our home when the bus or other means of transportation returns to the school.

In order to be certain that students planning to attend have their parent/guardian's consent, please sign below indicating your permission.

Parent/Guardian Signature

Date

MEDICAL RELEASE

I hereby grant permission for my son/daughter to receive emergency medical treatment under the authority of a Santa Barbara County Education Office employee.

Parent/Guardian Signature

Date

EMERGENCY INFORMATION *(Please Print)*

Student's Name: _____ Home Phone: _____

Address: _____

Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

Additional Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

Additional Emergency Contact Person: _____ Phone: _____

Relationship to Student: _____

Student's Medical Insurance Carrier: _____ Policy/Group #: _____

Other Pertinent Medical Information (allergies, diabetes, etc.): _____

(This information will remain strictly confidential)