

352 - Exhibit 4
School District of Lodi
Extended Field Trip -
Parental Permission Waiver

1. If emergency medical attention is necessary, I agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician. I agree to accept full responsibility for any medical expenses incurred.

INSURANCE GROUP & SUBSCRIBER NUMBERS _____

2. If your son/daughter has any medical disability allergies, medication requirement, etc., please list them below. *PLEASE BE COMPLETE AND SPECIFIC!*

3. My son/daughter does, does not have my permission to swim on this trip. *NOTE: Supervision of the pool area may not be provided.*

4. I have read the financial arrangements, the itinerary and guidelines for rules of conduct for this trip and do hereby give my consent for the student named to participate on this trip.

5. I, therefore, understand that I may be held financially responsible for any additional expense as a result of early termination or any infraction of the rules.

STUDENT: _____ Birth: ___/___/___ Sex _____

Group Taking Trip: _____ Date(s) of Trip: _____

Parent/Guardian Signature: _____ Date: ___/___/___

Address: _____

Phone: _____ (home)

_____ (work)

Field Trip - Student Agreement

I have read and fully understand the rules and regulations for this trip. I agree to adhere to all of them. I understand that failure to abide by any of these rules could result in expulsion from the tour and the organization.

Student's Signature: _____