

Hunting Beach Union High School District

Student participation in Voluntary Field Trip Parental Permission, Assumption of Risk,
and Medical Treatment Authorization

Student Name: _____ Date: _____

Destination/ Nature of Activity: _____
(Please be specific, e.g., Concert at UCLA)

Special Instructions: _____
(e.g., Bring sack lunch)

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Person in Charge: _____ School: _____

Type of Transportation: _____ District Bus/ Vehicle (include district fee of \$ _____) _____ Other:

*Transportation arrangements are the sole responsibilities of the parent/guardian. I understand that the
Huntington Beach Union High School District will NOT provide my child's transportation and will have no
responsibilities for arranging student transportation, carpools, or transportation routes.

Parent Signature: _____

Print Name: (Parent/ Guardian): _____

Work Phone: _____

Home Phone: _____

Address: _____
(Number and Street) (City, State, Zip)

Student Signature: _____

Print Name: (Student): _____

Student Date of Birth: _____

Westminster Agriculture Department

*If at anytime a registration or fee applies to an event and I am no longer able to attend the event I am still
responsible for paying the cost or unable to obtain a refund.

Parent Initials: _____ Student Initials: _____

Westminster High School
Activity Release Form

A student will be eligible for field trips or other special activities, which are not covered by the rules governing eligibility for athletics or other competitive group activities, only if she/he is rated satisfactory in all of her/ his subjects as denoted by the corresponding teacher signatures below.

Activity

Student's Name

Student ID#

Date of Activity

This slip must be signed by all teachers concerned to be valid and returned to the advisor
24 hours prior to the event.

Period

Course Title

Teacher Signature

0

1

2

3

4

5

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7

Advisor's Signature