

Field Trip Permission Form

I _____ hereby certify that I am the legal Parent/Guardian
(Parent/Guardian Name)

of _____, and that I give my consent to allow my child to
(Student Name)

participate in the following East Bay Asian Youth Center – sponsored activity:

Name of Activity: California Film Institute/A Place in the World

Date: October 16, and one Wednesday each month November 2014 – May 2015*

Time: 11:30am-3:30pm

Location: San Rafael Film Center, 1001 Loutens Place, San Rafael CA
(a bus will pick students up from OIHS and bring them back)

For said participation, I do hereby for my child, myself, my heirs, executors and administrator, fully release and discharge the East Bay Asian Youth Center, its officers, agents, and employees from all claims, demands, and causes of action of any kind whatsoever which may be sustained as a result of my child's participation in the aforementioned East Bay Asian Youth Center – sponsored activity.

For said participation, in the event of an emergency, I do hereby give my consent to the physician selected by the East Bay Asian Youth Center staff to hospitalize, secure proper treatment for, use ambulance, and to order injection, anesthesia, surgery for my child as named on this form.

Parent/Guardian Signature

_____/_____/_____
Date

Parent/Guardian Name

*Possible Dates
November 5, 12, 19
December 3, 10
January 14, 21
February 11, 25

March 4, 11, 18
April 22, 29
May 6, 13, 20