

City of Los Angeles
Department of Recreation and Parks
Aquatic Section

PARENT AGREEMENT FOR FIELD TRIP

To the Pool Manager of _____ Pool,
(Facility)

_____ has my permission to participate
(Child's Name)

in the field trip to _____ on _____
(Location) (Date)

Departure _____ am / pm Return _____ am / pm
(Time) (Time)

Supervising Recreation & Parks Personnel _____

Lunch & Material

- Swim suit & towel
- Child should bring sack lunch
- Clothing for the environment
- Other _____

Method of Transportation

- Walking
- School bus
- Private auto
- Other _____

PARENTS PLEASE NOTE:

All persons making the field trip are deemed to have waived all claims against the Department of Recreation and Parks and its' employees for injury, accident, illness, or death occurring during or by reason of the field trip.

I agree to direct my child to cooperate and conform with directions and instructions of Recreation and Parks personnel in charge of the activity.

Approval Signature

Date

(To be removed by Supervising Personnel)

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the Recreation and Parks personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the Recreation and Parks personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the Recreation and Parks Department has no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

PLEASE CHECK IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ATTACHED TO THIS FORM

Child's Name

Emergency Telephone Number #1

Emergency Telephone Number #2

Address City Zip

Home Telephone Number

Business Telephone Number

Parent or Guardian Name (Print)

Signature of Parent or Guardian