FORM 1 For 4-H members attending <u>Yolo County public schools</u>

Tame of 4-Her Name of 4-H Club			
WU SD	Winters Joint Unified School District		
Voluntary Excursion/Field Trip& Medical Authorization			
Farm Connection Day Student Host Permission Slip			
School Name/City			
Mode of Transportation: Parent/Guardia Other Trip Information: Students, partic meeting (8:00-8:30 am), assist througho pm), both at the Sheep/Swine arena. Th Tenhunfeld, a certificated teacher (app participation to the school after the event. Is there any important health informathat the chaperones should be aware	ation (allergic reaction, medications, conditions, etc.) of? Circle Yes or No (If yes, list on reverse of form.)		
diagnosis or treatment and hospital care are considered nec and performed by or under the supervision of a member of services. I fully understand that participants are to abide by of these rules and regulations may result in that individual WAIVER: "California law provides as follows: 'A waived all claims against the district of the State of Califor	All persons making the field trip or excursion shall be deemed to have rnia for injury, accident, illness, or death occurring during or by reason of Id trips or excursions and all parents or guardians of pupils taking out-of-		

Parent/Guardian Signature		Phone Number
Teachers: Please excuse		
Student's Name		Grade
to participate in the field trip on May 3,	2019	
Period 1	Period 4	
Period 2		
Period 3	Period 6	
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Principal's Approval		

Dear Parent/Guardian: After approval, please return permission slip by April 29 to: Yolo County 4-H Office, 70 Cottonwood St, Woodland, CA 95695