

**SAN JOSE UNIFIED SCHOOL DISTRICT  
LELAND HIGH SCHOOL  
TRIP/PERMISSION RELEASE FORM**

Student Name \_\_\_\_\_

Address/City/Zip \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_

Policy Number \_\_\_\_\_

**Emergency Contact if parents cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, am the parent/guardian of the above-named student at Leland High School, a public school in Santa Clara County. I request that my daughter/son named above be permitted to participate in Leland Speech and Debate activities during the 2004-2005 school year.

I, the undersigned parent or legal guardian of the above-named student, authorized whatever medical treatment or procedures be necessary for my son/daughter in case of injury or illness during the above-named trip. I understand that every reasonable effort will be made to reach me in case of serious illness or injury.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list any medical condition we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_