



LOS ANGELES UNIFIED SCHOOL DISTRICT
School Name

Alberto Carvalho
Superintendent of Schools

Region Superintendent

Principal

Date

Dear Parent or Legal Guardian,

Your child, **(student name)**, will be participating in a field trip/event from **start date** to **end date**.

Please be advised that neither LAUSD nor School is responsible for the supervision, or welfare, of your child during the transportation to and from the school and site or while in the parents' custody and therefore, neither will compensate, insure or indemnify you or your child for any incident, loss of property, illness or injury that may occur during the trip.

Sincerely,

Principal

Parent/Guardian Signature

Date

Please return a copy to the school.