

FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

Due by March 28

In-state

(Minor)

Out-of-state

Completion of this form is required for all field trips / excursions.

Name of Student

Date of Birth (for emergency purposes)

Student Address

Name of School

Class/ Program

Teacher

Date(s) of Field Trip/Excursion

Location of Field Trip/Excursion

Transportation Provider

- 1. I hereby give permission for my child or ward (named above) to participate in this Field Trip or Excursion.
2. Regarding special assistance/accommodations: Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?
3. Regarding administration of medication: All medications must be prescribed, including over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?
4. If you have health insurance, please list:

Health Insurance Company

Policy Number

Group Number

- 5. Please list additional emergency contacts, should the parent/guardian be unavailable:

Emergency Contact

Telephone

Emergency Contact

Telephone

- 6. Conduct: I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion.
7. Waiver of Claims for Liability: I understand that California Education Code, Section 35330 provides:
All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

- 8. In the event of illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward.
9. I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

Signature of Parent/Guardian

Date

Home telephone

Work telephone

Mobile telephone or pager