## FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

1D	<b>MEDICAL</b>	<b>TREATMENT</b>	Αl
		(B.47° )	

Due by March 28

Tn.	state.

	In-state	(Minor)	Out-of-star		
C	ompletion of this form is required for all field trips	ps / excursions.			
Na	me of Student	Date of Birth (for emergency purposes)			
	•	LCMS			
Stı	ident Address	Name of School			
	Sto grade class	Pacheco			
Cla	ass/ Program	Teacher .	<del></del>		
	Sto grade class ass/Program May 17, 2024	Universal Studios			
Da	te(s) of Field Trip/Excursion	Location of Field Trip/Excursion			
	Lome / Bus	-			
Tra	ensportation Provider	<del></del>			
1.	I hereby give permission for my child or ward (na	named above) to participate in this Field Trip or Excursion.			
2.		: Is special assistance/accommodation necessary for your	child or ward to		
	☐ No ☐ Yes. Please explain				
3.	Regarding administration of medication: All me child or ward required to take medication during the	nedications must be prescribed, including over-the-counter make course of this Field Trip or Excursion?	edications. Is you		
	Medication Taken during School Hours," for	stact the school office to obtain form SFA-5010, "Authorn SFA-5030, "Authorization For Medications Taken Dur FA-5040, "Extended Field Trip or Excursion Medication Author ward's physician)	ing School Hours		
4.	If you have health insurance, please list:	n wata s physicially,			
	Health Insurance Company Po	Policy Number Group Number			
5.	Please list additional emergency contacts, should	<u> </u>			
	Emergency Contact	Telephone			
	Emergency Contact	Telephone	<u> </u>		
ó.	Conduct: I fully understand that all participants ar the Field Trip or Excursion. To the extent permit behavior standards will be sent home at their own or	are to abide by and accept all rules and requirements governitited by the Education Code, any participant determined to or their parent/guardian's expense.	ng conduct during be in violation of		
١.	Waiver of Claims for Liability: I understand that	t California Education Code, Section 35330 provides:			
	"All persons making the field trip or excursion shall State of California for injury, accident, illness, or de out-of-state field trips or excursions and all parents statement waiving all claims."	ll be deemed to have waived all claims against the district, a charte, leath occurring during or by reason of the field trip or excursion. A ts or guardians of pupils taking out-of-state field trips or excursion.	ll adults taking ns shall sign a		
	In providing consent for my child or ward to attend district for injury, accident, illness, or death occurring	d and participate in this Field Trip or Excursion, I waive all ing during or by reason of this Field Trip or Excursion.	claims against the		
	request voluntarily because I desire my child or war	y child or ward to participate in the Field Trip or Excursion and to participate in the Field Trip or Excursion. I also under y child or ward will be involved in alternative supervised according to the control of the	stand that, if I do		
•	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. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).				
		fully understand its contents and voluntarily consent t			
ign	ature of Parent/Guardian	Date	· .		
	e telephone Work telephon		<u> </u>		
LOIL	e telephone Work telephon	one Mobile telephone or pager			

White – Field Trip Supervisor SFA 2010, Rev. 6/17/2014

Yellow - School/Facility

Pink -- Parent/Guardian