

**VOLUNTARY EXCURSION/FIELD TRIP WAIVER
AND MEDICAL AUTHORIZATION – MINOR
Elementary or Extended Trip**

I hereby authorize my child _____
to participate in the off-campus field trip described below.

Nature of Field Trip or Activity: _____

*Is this a water activity: Yes No I give my permission for my child to participate in a water activity: Yes No

Destination: _____

Method of Transportation: District Busses _____ Commercial Charter _____ Other _____

Private vehicle driven by: Parent _____ Teacher _____

Insurance / California Driver’s License information must be on file with the school

DATE _____ PLACE _____

DEPARTURE TIME _____ ESTIMATED RETURN TIME _____

TEACHER _____ GRADE _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents’ expense.

Signature of Parent/Guardian Date

Address Phone

Family Medical Insurance Policy Number

Insurance Company Address

A SPECIAL NOTE TO PARENTS/GUARDIANS:

- (1) All drugs must be registered on this form;
- (2) All drugs, excepting those which must be kept on the student’s person for emergency use, must be kept and distributed by the staff;
- (3) (____) check here if there are no special problems that the staff should be aware of, and no drugs are required on the trip;
- (4) If any medication or drugs are to be taken by student, list them here:

Name of drug and reason: _____

If your son or daughter has a special medical problem, kindly attach a description of that problem to this form.