

# FIELD TRIP/EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

(Minor)

(California Education Code Section 35330)

In-state

Out-of-state

## Completion of This Form is Required for ALL Field Trips/Excursions

Name of school: \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to participate in the \_\_\_\_\_ field trip/excursion as a part of his/her regular school program.

This field trip/excursion is to be held on \_\_\_\_\_; or  
from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.

Transportation for this field trip/excursion will be provided by \_\_\_\_\_

In the event of illness or injury, I hereby consent to whatever 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. It is understood that the resulting expenses will be the responsibility of the participant(s) parent(s)/guardian(s).

**Note regarding administration of medication:** If your child is required to take medication prescribed by a physician during the course of this field trip/excursion, and you wish school district personnel to assist your child in taking this medication, please indicate by signing below. In addition, please state the type of medication and attach a written statement from the child's physician detailing the method, amount and time schedules by which such medication is to be taken.

Signature of Parent/Guardian: \_\_\_\_\_

If there is a special medical problem(s), kindly attach a description of the problem(s) to this sheet.

I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the field trip/excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent's/guardian's expense.

California Education Code Section 35330 provides as follows:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

**I understand that the District does not require the minor student to participate in the field trip/excursion and I make this request voluntarily because I desire the minor student to participate in the field trip/excursion. I also understand that, if I do not consent to the minor student's participation, the minor student will be involved in alternative supervised activities, for which the minor student will receive full credit.**

**I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you have health insurance, please list:**

Health Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**In the event of illness or accident, if different from above, please contact:**

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

Address: \_\_\_\_\_