



_____ has my permission to participate in the activities listed below. I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the school district in writing.
3. Revocation is not effective until receipt is acknowledged by the school district.

As stated in California Education Code Section 35330:

"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."

Activity	Location	Approximate Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Consent to Treat

In the event of illness or injury during a field trip or excursion, 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 judgement of the attending physicians 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.

A special note to parents/guardians in accordance with Ed. Code Section 49423:

- 1) _____ Check here if there are *no* special problems that the staff should be aware of and no medications are required on the trip.
- 2) All medications must be registered on this form with a physician's written instructions on dispensing.

- 3) All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, attach a description of that problem to this sheet. Thank you.

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 the school contacting the parents and arranging transportation home for that child at his/her and/or parents' expense.

Signature of Parent or Guardian _____
Date

Signature of Student _____
Date

Address _____
Phone

Parent's/Guardian's Health Insurance Company/MEDI-CAL _____
Policy Number

I do not consent to medical treatment _____

Signature of Parent of Guardian