

HESPERIA UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS

_____ DOB: _____ has my permission to go on the following field trip:
(name of student)

Destination: _____ Activity: _____
(including city, if out of town)

Date(s): _____ Departure Date/Time: _____ Return Date/Time: _____

Certificated Employee(s) in Charge: _____

Please initial and complete the following as applicable:

_____ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

_____ My student has a special health need as follows: _____
_____.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: _____. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner _____ Intermediate _____ Advanced _____

Signature of Parent/Guardian Authorizing Water Activity

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 is 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.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Signature of Parent/Guardian

Signature of Student

Address

Phone # daytime/evening

Family Medical Insurance Carrier: _____

EMERGENCY CONTACTS: _____
Name and relationship to student Phone # daytime/evening

Name and relationship to student Phone # daytime/evening

Education Code §35330

All persons making the field trip or excursion shall be deemed to have waived all claims against the district of the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

Education Code §49423

Notwithstanding the provisions of Section §49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.