

**DISTRICT
VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION – MINOR**

Dear Parent/Guardian:

Kindly complete and return this form to _____ by _____ (date).

_____(Student) has my permission to participate in the following
voluntary activity: _____. I understand that this field trip is
an opportunity for students and their parents to meet with _____
at the _____ on _____ at _____ a.m./p.m..

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.

As stated in California Education Code Section 35330, I understand that I hold the _____ 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 or my participation in this activity.

I fully understand that participants are to abide by all _____ School District rules and regulations governing conduct during the trip.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone _____

_____ Date of Birth _____

Medical Insurance Carrier

Policy No.

Address

If your son or daughter has a special medical problem, please provide a description of any special needs of condition/s:

STUDENT EXCURSION & TRANSPORTATION AGREEMENT

The undersigned hereby acknowledges and understands that _____ School District is **NOT** providing transportation to and from the _____ School-sponsored activity and that it is the responsibility of the undersigned to arrange for transportation. The above student will be provided with his/her own transportation at his/her own expense.

As legal guardian, I hereby authorize and give permission for my child, _____
To ride as a passenger in a vehicle driven by another parent or legal guardian.

IT IS FULLY UNDERSTOOD THAT THE _____ SCHOOL DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

IT IS ALSO UNDERSTOOD THAT IF THE ABOVE STUDENT RIDES WITH A PERSON OTHER THAN THE PARENT OR LEGAL GUARDIAN, THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE _____ SCHOOL DISTRICT.

Parent/Legal Guardian Signature _____ Date _____