

WESTSIDE UNION SCHOOL DISTRICT
41914 50th Street West
Quartz Hill, California 93536

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

Dear Parent/Guardian:

This permission slip must be turned in before participating in:

_____ has my permission to participate in the following voluntary activity:
(student's name)

Date: _____

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 Westside Union 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.

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 the expense of his/her parents/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier: _____ Policy No. _____

Address: _____

A special note to Parent/Guardian: (1) All medications must be registered on this form; (2) All medications except 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 special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medications are to be taken by student, or if they have a special medical problem, notify the school nurse.

List medications here

****ALL AREAS FRONT AND BACK ON THIS FORM MUST BE COMPLETED TO PARTICIPATE.
IF THERE IS NO MEDICAL INSURANCE OR MEDICATIONS PLEASE INDICATE BY N/A OR
NONE.**

**WESTSIDE UNION SCHOOL DISTRICT
LEONA VALLEY SCHOOL
41914 50TH STREET QUARTZ HILL, CALIFORNIA 93536**

**VOLUNTARY ACTIVITIES PARTICIPATION
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter _____ to participate in the PTO/District-sponsored activities of : **After School PTO activity:** _____.

I understand and acknowledge that these activities, by their very nature, post the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I also understand that this activity is afterschool and that the office may be closed. If I am not available in the event of an emergency or I do not pick up my child as required. I authorize the following people to pick up my child.

(Name) (Telephone Number)

(Name) Telephone Number)

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Parent/Guardian Signature Parent - Phone for contact Date

Student Signature Date

A signed **VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the District Risk Management Department, and a copy must be kept on file at the school site before a student will be allowed to participate in the above extra-curricular activities.