

**Exhibit "D"**  
**Field Trip Consent and Release Form**

Assistant Superintendent, Business Services  
1301 North A Street  
Lompoc, CA 93436

**Parent Permission Form for Student to Participate in Field Trip,  
Waiver of Liability and Consent for Medical Treatment.**

Return this to Student's Teacher,

[ \_\_\_\_\_ ]

I, [ \_\_\_\_\_ ] ("Parent/Guardian" of Student), by signing below, agree to the following with respect to my daughter/son's, [ \_\_\_\_\_ ], ("Student") participation in the voluntary activity described in this Consent and Release Form.

Student has my consent to participate in the field trip described below and may participate in all activities associated with the field trip or school-related trip ("Field Trip").

1. **Description of Field Trip** \_\_\_\_\_
2. **Location** \_\_\_\_\_
3. **Date/Time/Duration** \_\_\_\_\_
- A. Student and Parent/Guardian understand that Student's participation in the Field Trip is an honor and a privilege and that Student shall act responsibly and with self-control throughout the trip's duration. Student and Parent/Guardian acknowledge that Student is a person of sufficient maturity to make reasonable decisions about his/her conduct, and Student shall accept full responsibility for such conduct while participating in this trip.
- B. Student agrees to abide by the discipline code of the Contractor while participating in the Field Trip, commencing at the time of departure from school premises until Student returns to his/her home:
  1. A copy of the discipline code is attached to this Consent and Release Form.
  2. Student will stay within the geographic parameters designated throughout
- C. Student and Parent/Guardian understand and agree that if Student violates any of the rules set forth in this discipline code, it will be within the sole discretion of the Field Trip supervisor or other designated supervisor ("Supervisors") to take whatever disciplinary action is necessary, including immediate notification of Parent/Guardian, dismissal from the Field Trip, or any other discretionary action that may be deemed appropriate.
- D. Student and Parent/Guardian acknowledge that there are certain risks inherent in participating in field trips. Such risks may include, but are not limited to, accident, delay, injury, illness or damage to personal property. Student and Parent/Guardian further agree that the Supervisors cannot ensure the safety of Student. Student and Parent/Guardian expressly assume these risks and agree that they will not hold the Supervisors or the District responsible if such events occur.
- E. Student and Parent/Guardian, as a condition of Student's participation in the Field Trip, hereby agree to indemnify and hold harmless and waive all claims or suits for damages or injury arising from Student's participation in the Field Trip and liability against the District, its officers, agents, employees, and volunteers, for injury, accident, illness, or death occurring during or by reason of this Field Trip Student and Parent/Guardian hereby waive any and all rights to hold Supervisors and the District personally, individually, jointly or severally liable for any and all claims.

- F. In the event of an accident, injury and/or medical emergency, Supervisors are hereby authorized to consent to and obtain whatever emergency medical treatment, surgery or dental care is considered necessary from and in the best judgment of the attending physician, medical care facility, hospital, paramedic unit or other health care provider deemed appropriate by Supervisors in the circumstances. In the event it is impossible to receive instructions for Student's care, full authorization is given to any licensed physician and/or surgeon for the provisions of medical treatment, including the administration of drugs or medication, and the performance of surgical treatment for the relief of pain and/or the preservation of life and/or health and well-being. Student and Parent/Guardian understand that this authorization is given in advance of any specific diagnosis or treatment being required and that such authorization is given to provide Supervisors and the District with the power to secure reasonable medical care under emergency circumstances. Medical costs incurred shall be the responsibility of Student and Parent/Guardian.
- G. Student and Parent/Guardian agree to pay for such medical care whether or not the costs are insured by Student or Parent/Guardian's health insurance. Student and Parent/Guardian understand that an attempt will be made to contact Parent/Guardian by telephone if possible, before such care is administered.

### Student's Medical Information

Phone of Parent/Guardian (xxx-xxx-xxxx, ext. xxxx)

Name of Medical Insurance

Emergency Medical Contact Number(s)

Medication Student is Taking

Medication Student Should Not Take

| Important Medical History                |
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- H. The District does not provide insurance for accidental injuries to students.

I have read, understand, and voluntarily agree to all provisions stated above. I give my permission for my child to participate in the Field Trip described herein.

### Parental Consent

Signature of Parent/Guardian's

Printed Name (First MI Last)

Date (mm/dd/yy)

Address

Phone (xxx-xxx-xxxx, ext. xxxx)