

Los Alamitos Unified School District

**Chaperone Information:
School-Sponsored Field Trip Notice and Medical Authorization
for Adult Participant**

School: _____ Destination _____
 Departure Date & Time _____ Return Date & Time _____
 Group: _____ Advisor: _____
 Transportation, if needed, provided by District bus/van Chartered bus/van Private vehicle

Chaperone Information

Print Name _____
 Address _____
 City, ZIP _____
 Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____
 LAUSD Employment LAUSD Certificated LAUSD Classified Not LAUSD employee

Chaperone Responsibilities

The principal/designee has thoroughly explained the purpose of the specific field trip or competitive event for which I am the designated chaperone. The principal/designee has clearly informed me about my duties and responsibilities as a designated chaperone. The principal/designee has given me a copy of the Guidelines for Excursion/Field Trip Supervision Administrative Regulation (2018) which I have read and understand. As a designated chaperone, I agree to fulfill my duties as outline by the principal/designee and to fulfill all supervision requirements as listed in Regulation 2018. I understand that I may not consume alcoholic beverages or use controlled substances while on this trip. Chaperone duties include but are not limited to bed checks, wake up calls, timely check-ins, bus duty, equipment management, and student supervision.

Chaperone Emergency Contact

Print Name _____ Relationship _____
 Address _____
 City, ZIP _____
 Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____

Medication Authorization:

Medical Insurance Carrier _____
 Address _____ Policy No. _____
 Physician's Name _____ Phone No. _____

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. *Please list below any special problems for which the staff should be aware and to list any medication you are currently taking.*

Signature _____ Date _____

Liability Release

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 Los Alamitos Unified School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

My signature below indicates that I have been informed of my responsibilities as a chaperone, and agree to the Liability Release and Medical Authorization.

Signature _____ Date _____