

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT  
STUDY TRIP/EXCURSION WAIVER & MEDICAL AUTHORIZATION-MINOR

E6145.6  
E6153

Name of School \_\_\_\_\_

I, \_\_\_\_\_ hereby give my permission for \_\_\_\_\_ to participate in  
(Parent/Guardian Name) (Student Name)  
the \_\_\_\_\_ study trip as part

of his/her regular school program. This trip is to be held from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.  
(Month) (Year) (Month) (Year)

Method of Transportation: *School or Chartered bus/private or school vehicle.*

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardians' expense.

I understand and acknowledge that as provided in Education Code Section 35330, by consenting to allow my child to participate in this study trip, I shall, by law, be deemed to have given up all claims against the Victor Valley Union High School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the study trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of the study trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Guardian Date Address Home Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Student Date Father's \_\_\_\_\_  
Work Phone  
Mother's \_\_\_\_\_  
Work Phone

\_\_\_\_\_/\_\_\_\_\_  
Health Insurance Company Policy Number

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE,  
PLEASE CONTACT: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Address Phone

**SPECIAL NOTE TO PARENTS/GUARDIANS:**

(1) All drugs must be registered on this form; (2) all drugs, excepting 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 no special problems that the staff should be aware of and no drugs are required on the trip; (4) if any medication or drugs are to be taken by student, list them. *Name of Drug and Reason:* \_\_\_\_\_

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

REMEMBER, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE. STUDENT MAY BE EXCLUDED FROM STUDY TRIP IF THIS FORM IS NOT COMPLETED.