

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

E6145.6  
E6153

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

I hereby give my permission for my child, \_\_\_\_\_ to participate in the \_\_\_\_\_ field trip as part of his/her regular school program.

This trip is to be held from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.

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 field 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 field 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 field 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

\_\_\_\_\_/\_\_\_\_\_  
Parents' 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 there 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 here: \_\_\_\_\_

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 FIELD TRIP IF THIS FORM IS NOT COMPLETED.

This form has been approved by County Counsel.