

PALO ALTO UNIFIED SCHOOL DISTRICT
Parent/Guardian Permission, Waiver and Medical Authorization (minor)

For Day Trips Sponsored by the District or School

(If you feel it is inappropriate for your student to attend, please contact the sponsor of the trip.)

Destination: _____ **School:** _____

Date: _____ **Departure Time:** _____ **Return Time:** _____

Purpose of trip: _____

Person(s) in charge: _____

Transportation Carrier(s)/arrangements: _____

_____ has my permission to go on the above field trip.
Student's Name

Health Needs: Parent/Guardian to INITIAL as appropriate

_____ In the event I cannot be reached, I authorize the person in charge to obtain the necessary medical aid from a licensed
(initial) physician at my own expense, understanding that certain expenses may be covered by the School District's Student Accident coverage. YES NO

_____ My student will have to take the following medication(s): _____
(initial) The person authorized to give the medication(s) and medical/physician authorization for school personnel to administer medication is on file. Medical/physician authorization is required before a student may take any medication, including non-prescription drugs.

OR

_____ My student has no special health needs the staff should be aware of and no medication is required on the trip.
(initial)

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip.

I agree that any cost for medical care for my student for illness or accident is my own responsibility.
I authorize the School District to bill me, upon the return of my student from the day trip, for reimbursement of any expenses for medical care for my student that are paid for by the School District during the trip.

As stated in California Education Code Section 35330, I understand that I hold the Palo Alto Unified 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 student's participation in this activity.

Parent/Guardian's Signature

Date

Address

Telephone: (Home) (Work) (Cell)

Please circle the number we can reach you at during the day and time of the field trip.

PLEASE RETURN THIS FORM TO THE SPONSORING STAFF PERSON AT THE SCHOOL