

## 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 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.*

**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 \_\_\_\_\_