

**Students may NOT DRIVE themselves to field trip activities.**

Los Alamitos Unified School District  
**NOTICE OF SCHOOL-SPONSORED FIELD TRIP OR CO-CURRICULAR ACTIVITY**

Student's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

A trip is planned to \_\_\_\_\_

Date of trip \_\_\_\_\_ Instructor in charge \_\_\_\_\_

Departure time \_\_\_\_\_ Return time \_\_\_\_\_

Type of activity \_\_\_\_\_

Transportation, if needed, provided by  District bus/van  Chartered bus/van  Private vehicle

- As stated in the California Education Code 35330, "All persons making the field trip or excursion shall be deemed to have waived all claims against 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."
- 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 are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.
- I fully understand that participants are to abide by all District/school rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.
- Should travel be delayed or the stay be extended for any reason, the parent/guardian will be responsible for any additional costs. The purchase of travel insurance is advised.

**In case of an emergency on the field trip, please contact:**

_____		Home phone (____) _____	Cell phone/pager (____) _____
Name	Relationship	Work phone (____) _____	

If the above-named person cannot be reached, list to whom the child may be released in case of emergency:

_____		Home phone (____) _____	Cell phone/pager (____) _____
Name	Relationship	Work phone (____) _____	

Write below your choice of physician (2<sup>nd</sup> choice may be school selection):

Physician's Name	Address	Phone
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**IMPORTANT:**

- My child may participate in this voluntary field trip/excursion.
- I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I authorize the school to choose a physician in case of emergency.
- I do not want my child to participate in this voluntary field trip/excursion.

<p>_____</p> <p><b>Parent/Guardian Signature</b></p>
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**If your child needs medication, complete the following section. Check all that apply:**

- My child has orders for medication in the Health Office.
- My child does not need any medication sent from the school for this field trip.
- Please send my child's medication to be carried by the chaperone and administered when my child goes to the chaperone at the designated time.
  - My child's medication is for a life-threatening condition (diabetes, asthma, severe allergic reaction) and my child:
    - Must carry the medication AT ALL TIMES.
    - Knows how to use the medication independently.
- My child  already carries this medication  will pick it up from the Health Office before departure.
- My child has diabetes and:
  - Will bring all necessary snacks and treatments for low or high blood sugars from home. *(Please send enough food to cover the entire day in case there is a delay in getting meals.)*
  - Will need the glucose meter from the Health Office and will bring all other supplies from home.
- My child has a MedicAlert bracelet or other medical identification on his/her person at all time. *(This is strongly recommended for all students with medical needs.)*
- My child may take the following medication(s) (please attach a list) as prescribed and the medicine has been given to the adult chaperone.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_