

**LAS VIRGENES UNIFIED SCHOOL DISTRICT
STUDENT PARTICIPATION IN DISTRICT SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Student's Name: _____ Date: _____
has permission to participate in the following field trip:

Destination/Nature of Activity: _____
(Please be specific, e.g., Concert at UCLA)

Special Instructions: _____
(e.g., Bring sack lunch)

Depart _____ Return _____
Date: _____ Time: _____ Date: _____ Time: _____

Person in Charge: _____ Position: _____ School: _____

Type of Transportation: District Bus/Vehicle Walking Other: _____

Health or special needs: ***Check boxes as appropriate.***

| | |
|--|---|
| | My student has no special health needs the staff should be aware of, and no medication is required on the trip. |
| | Medication: My student takes medication and the authorization form is on file with the health clerk. <i>If this is for an overnight trip,</i> I have attached the Extended Field Trip Medication Authorization Form. |
| | My student has a special need, and instructions are attached. Number of attached pages: _____. |
| | Other: _____ |

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff or the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I understand if the District is requesting a fee for this field trip that no student will be denied the opportunity to attend the field trip due to lack of sufficient funds. Please contact a site administrator with any questions. If a fee was collected, the District is unable to guarantee the return of a full deposit if the trip is canceled after stated deadlines. In the event of a trip cancelation, staff will take all steps reasonably possible to obtain refunds from outside vendors and equitably pass along such refunds to parents/guardians.

As provided for in the California Education Code Section 35330, I agree to waive all claims against the **Las Virgenes Unified School District** and hold the District, its Governing Board, officers, agents, employees and volunteers, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) _____ (Please Print Name) _____ Work phone: () _____

Home phone: () _____

Student's Signature _____ Student's Date of Birth _____ Cell phone: () _____

Family Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact: _____ Cell phone: () _____

(Name) _____ (Relationship) _____ Work phone: () _____

Home phone: () _____