

Burbank Unified School District

PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION
(To be completed by parent, guardian or caregiver)

Please complete and return this form to the supervising teacher of the field trip/activity. No pupil will be permitted to participate in this activity without this form on file.

Pupil's Name (print) \_\_\_\_\_, Pupil at \_\_\_\_\_ School \_\_\_\_\_
Date of Birth \_\_\_\_\_

has my permission to participate in the following: Activity: \_\_\_\_\_

Destination: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Return Location: \_\_\_\_\_

MEDICAL AUTHORIZATION

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

- 1. All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatments and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the Burbank Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation of our (my) child/ward in any activities covered by this permission slip.
5. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
6. Our (My) child/ward has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

A special note to Parent/Guardian/Caregiver:

- 1. All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medications prescribed by a physician for your child/ward must be kept and administered by District staff.
3. Check here if your child/ward has a special medical or physical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
4. List any medication that your child/ward must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication:

Table with 3 columns: Name of medication, Dosage, Reason(s). Includes blank lines for entry.

5. My child/ward is allergic to the following medications: \_\_\_\_\_

6. My child/ward is allergic to the following foods, materials, etc.: \_\_\_\_\_

I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ (where I can be reached during this activity)

Emergency/contact if I cannot be reached \_\_\_\_\_ Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Pupil's Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian/Caregiver (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.

**EMERGENCY CARE OF SERIOUS INJURIES OCCURRING ON FIELD TRIPS**

The certificated employee in charge of the field trip is responsible for the emergency care of participating pupils who either become ill or are accidentally injured on trips and other school sponsored activities away from the school. The procedures are similar to those established for the care of serious injuries or illness occurring at school. However, if an injury or illness occurs which, in the best judgment of the person in charge, is sufficiently serious to warrant immediate medical care or circumstances prevent the child's return to the school, the following procedures are applicable:

1. Give first aid according to the directions on the First Aid Instruction Chart in the trip first aid kit. **Contents of kit must be checked prior to each trip** to ensure that the following items are included:

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|--|---|
| First aid kit (either metal, tool-kit type, or fanny pack) | Cotton Applicators (4")                 |
| First aid instruction booklet                              | Gloves (vinyl and latex)                |
| Accident report forms for pupils (blank)                   | Safety pins                             |
| First aid notice to parents (form PPSD-H-44)               | Sanitary napkins (individually wrapped) |
| Ace bandages (2" and 3")                                   | Small scissors                          |
| Adhesive tape (1/2" and 1")                                | Telfa squares (2" x 3")                 |
| Band-Aids (3/4", 1", knuckle and digit coverlets)          | Tweezers                                |
| Gauze sponges (4" x 4")                                    | Vaseline                                |
| Self-adhering gauze (1" and 2")                            | Zepharin chloride antiseptic            |
| Triangular bandage   |   |

In addition, the following items may be included:

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|--|------------------------|
| Instant cold compress  | Bandage scissors       |
| Antiseptic towelettes or hand cleanser                           | Small cardboard splint |
| Eye irrigating solution  | Flashlight             |
| TempaDot disposable thermometers                                 | Mask, goggles          |
| Rescue blanket (foil)  | Tissues                |
| CPR microshield (if employees have received training in its use) |                        |

2. Notify police or other agency with police responsibilities at the location of the accident. The teacher should remain with the class if at all possible and send another responsible adult or pupil to notify police.
3. Ask for police assistance or ambulance service and give the following information:
  - a. identity of person calling
  - b. telephone number of phone from which call is originated
  - c. location of accident - street address and city
  - d. description of injury
4. Ask assistant (this is usually another school employee or volunteer) to accompany pupil for medical care and to remain with pupil until either a parent or a school representative arrives to assume further responsibility.
5. Notify school and give the following information as soon as possible:
  - a. name of ill or injured pupil
  - b. description of injury or illness
  - c. hospital name and address or doctor's office where pupil is being transported for medical care
  - d. telephone number and location of the phone from which call originates
6. Ask school to notify parents of the emergency giving information as described in ("5 a through d") above and requesting them to assume further responsibility for their child.
7. If parents are not available, verify parental approval of emergency treatment for pupil through medical authorization portion of the Pupil Field Trip Permit/Activity Participation or the Walking Educational Trip Permit form, which shall accompany the teacher on the trip.
8. Upon return to school, complete the Student Accident Report form. If the injury or illness is extreme in any way, details should be reported to the Business Office and to Pupil Services at the earliest opportunity.

Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.