

Burbank Unified School District

CHAPERONE FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION  
(To be completed by adult accompanying class/group on trip)

School: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_

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

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

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

MEDICAL AUTHORIZATION

I am aware and acknowledge that any activity covered by this notice and authorization, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for me to participate in the activities covered by this permission slip, 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, 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 the hospital or other medical facility.
3. That I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical surgical treatments and services, 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, and my participation in any activities covered by this notice and authorization.

A Special Note to Chaperones:

1. All medications taken by you while participating in the activities covered by this permission form must be prescribed by a physician and registered on this form.
2.  Check here if you have a special medical condition that the District should be aware of, and if medication will be required in the event of an emergency concerning this condition.

3. I am allergic to the following medications: \_\_\_\_\_

4. I am allergic to the following foods, materials, etc.: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier	Policy Number	Address

In the event of illness or accident, please notify:

Name	Address	Phone

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:
 

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:

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.

Distribution: Write-School, Yellow-Teacher, Pink-Chaperone/Volunteer (to be kept by Chaperone)