

Burbank Unified School District

CHAPERONE FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION

(To be completed by adult accompanying class/group on trip)

School: John Burroughs High School

Destination: _____

Departure Date and Time: _____

Return Date & Time: _____

Departure Location: JBHS - on Verdugo

Return Location: JBHS - Front of School

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 on the trip 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.

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

Revised: 1/00

FORM C

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