



Merced City School District

444 West 23rd Street

Merced, CA 95340

AUTHORIZATION FOR FIELD TRIP

_____ has my permission to go to

Student Name

_____ on _____

Destination

Date

Starting at _____ a.m. and returning at _____ p.m.

My child has the following medical conditions(s) which may require your attention: _____.

My child has medication at school that should accompany him/her on the fieldtrip*: _____.

***School staff are obligated to follow the written instructions provided by you and your child's healthcare provider, as stated on the medication permission form on file in your child's school health office.**

The Nutrition Services Department is obligated to ensure that healthy and safe meals are provided for any student attending a field trip on a school day (free, reduced and paid meal eligibility apply). The sack lunch includes a submarine sandwich or PBJ sandwich, fresh fruit, fresh veggies, chocolate chip cookie, and milk. Please select one of the options below.

_____, Yes, I want my child to receive a sack lunch for the field trip.

_____, No, my child will bring a sack lunch from home.

AUTHORIZATION TO CONSENT TO THE TREATMENT OF MINOR CHILD

(I/We) the undersigned parent(s) of _____, a minor do hereby authorize the teacher, as agent for the undersigned, to consent to any x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, or licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist or said hospital.

It is understood that this authorization is given in advance of a specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the civil Code of California. This authorization shall remain effective until 24 hours after the conclusion of the excursion, unless sooner revoked, in writing, delivered to said agent.

Date: _____

Signature of Parent or Legal Guardian

Phone Number(s)

Teacher: «Teacher_name»

Revised 2/16 T-5(a)

Turn over for additional authorization →

STUDENT FIELD TRIP AUTHORIZATION AND RELEASE

No student will be permitted on the field trip unless this completed and signed Authorization and Release Agreement is submitted to the supervising teacher, sponsor, or school office at least 48

hours prior to the field trip.

Verbal authorizations, or authorizations not on this form, cannot be accepted.

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact & Telephone No.:	
Field Trip Destination:	
Date of Trip:	
Expected Departure Time:	
Expected Return Time:	
Method of Transportation:	
Supervising Teacher/Sponsor:	
Medical Conditions/Medications:	

Please read this Agreement carefully and sign below. Completion of this Agreement is a prerequisite to participation in the activity described above (hereinafter referred to as "field trip").

By signing below, I acknowledge and agree as follows:

- I understand and acknowledge that the student named above has voluntarily chosen to participate in the field trip at his/her own risk. I know and fully understand that the field trip may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the field trip involves physical contact, any field trip related activity may have inherent risks of injury which are inseparable from the activity. I authorize the student's participation and acknowledge and willingly assume all risks and hazards of potential injury, paralysis, and death arising from the field trip.

- I, understand and acknowledge that field trips contain potential risks of harm or injury. Injuries may arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by school employees, agents, or volunteers to adequately coach, train, instruct, or supervise. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries. All such risks are deemed to be inherent to the student's participation in the field trip.

- I acknowledge that under California law the student will have no claims against the district, charter school or state arising from the field trip pursuant to Education Code § 35330, which states in subd. (d): "**All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.**"

- In consideration for the district or charter school allowing the above-named student to participate in the field trip, I voluntarily agree to release, waive, discharge, and hold harmless the district or charter school, its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the above-named student illness, injury, death, or damages of any nature in any way connected with the student's participation in the field trip.

- Emergency medical information regarding the student is on file with the district or charter school and is current. If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstance,s notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. I agree to release and discharge the district (or charter school), its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

- The supervising teacher or sponsor will discuss school-related activity rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

- I am the parent or guardian of the student named above, or am the student named above and am 18 years of age or older. I acknowledge that I have read this authorization and release and understand that participation in the field trip requires giving up substantial actual or potential rights. I have voluntarily signed this authorization and release without inducement or assurance beyond what is stated herein, and with full appreciation of the risks inherent in the field trip.

Printed Name	Signature	Date
Date Received by School:		Received by: