HAPPY VALLEY Est.1954
UNION SCHOOL DISTRICT

Happy Valley District Office: (530)357-2134
16300Cloverdale Rd., Anderson, CA 96007
Happy Valley Elementary School : (530)357-2111
17480Palm Avenue, Anderson, CA 96007
Happy Valley Primary School: (530)357-2131
16300Cloverdale Lane, Anderson, CA 96007

Superintendent/Primary School Principal – Gina Murphy
Elementary School Principal- Chris Nelson

Governing Board: Jodi Shearman, Cheryl Best, Erin Ciapponi, Joshua Hancock, Jacque Brousseau

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL

AUTHORIZATION FOR A MINOR STUDENT

Dear Parent/Guardian:

Throughout the school year, your child will have an opportunity to participate in VOLUNTARY off- campus field trips/excursions. These activities may include but are not limited to:

-government offices-conferences and meetings-local businesses
*-athletic events-parks **and** zoos-entertainment events*
*-exhibitions and fairs-museums/cultural centers**-etc***.

I hereby authorize_____(student) to participate **in** these voluntary activities throughout the school year unless this authorization is revoked by me in writing.

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 are considered **necessary** in the best judgment of the attending physician, surgeon, or dentist and performed by **or** under the supervision of a member **of** the medical staff **of** the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Happy Valley Union Elementary School District, its elected or appointed officials, employees, agents, and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in these activities.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature:_____**Date**_____:

Phone #: _____Student Signature: _____

Address**:** _____

Medical Insurance Carrier: _____Policy# _____:

A special note to Parent/Guardian:

1. All drugs must be registered on this form.
2. All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. _____ Check here if there are special problems that the staff should be aware of, and no drugs are required on the trip.
4. If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) _____
5. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.