



**MORGAN HILL UNIFIED SCHOOL DISTRICT
 PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN
 MORGAN HILL UNIFIED SCHOOL DISTRICT SPONSORED
 VOLUNTARY FIELD TRIP/EXCURSION
 MEDICAL TREATMENT AUTHORIZATION**

To the Principal of: _____ (School)

_____ has my permission to participate in the
 (Student Name: please print)

(Excursion/Field Trip) _____ on _____
 Date

Departure time: _____ A.M. / P.M. Return time: _____ A.M. / P.M.

Special Instructions: _____
 (e.g. Bring sack lunch.)

Supervising Teacher (please print): _____

I understand that the field trip/excursion, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of an emergency, I consent to any District staff and/or volunteer to take all measures intended to ensure the safety of my child. In the event of illness or injury to student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Special Note to Parent/Guardian:	
1. Are there any special medical or other problems that the staff should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Student has a special need and instructions are attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is medication required on the trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. My child take the following medication regularly: _____	
4. My child need to take the following medication during the trip: _____	
(Please also list the time and reason for medication): _____	

Medical Insurance Carrier: _____ Policy Number: _____
 (e.g., Blue Cross)

In the event of an **emergency**, please contact:

_____	_____	Work: _____
(Name)	(Relationship)	Home: _____
		Cell: _____

_____	_____	_____
Signature of Parent/Guardian	Please Print Name	Date

_____	_____	_____
Signature of Student*	Please Print Name	Date

