Palm Springs Unified School District
Voluntary Field Trip Notice & Medical Authorization

Dear Parent/Guardian,

Please complete and return to: Dr. Karen Dimick, Director of College and Career Readiness email: CCR@psusd.us

My son/daughter _____ has my permission to participate in the following voluntary activity. 2027 PSUSD College & Culture Tour

Destination: Washington DC					
Departure Date & Time: March 20, 2027 6:00 AM			**Return Date & Time: March 26, 2027 12:00 PM**		
Transportation:	x School Bus	x Aircraft	x Charter Bus	___ Site Transportation	x Walking

I understand that participation in this field trip is voluntary and participation by the student(s) named above are **not** required. Students not attending the trip will be provided with alternative educational activities at the school. To participate in this field trip, it is necessary for parents/guardians to specifically authorize their child's participation.

In the event of illness or injury, I give my authorization and consent to the Palm Springs Unified School District to obtain emergency medical care, including, but not limited to, x-ray examination, anesthetic medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation which may be administered 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. I understand that I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for our (my) child/ward, including all costs and charges not covered by insurance.

As stated in California Education Code Section 35330, I agree to release, and understand that I hold the Palm Springs Unified School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. I 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.

Indemnification: By executing this agreement, I hereby agree to hold the Palm Springs Unified School District, its volunteers, employees, agents, students, and all related entities and individuals harmless from all claims which may be made by or on behalf of any minor listed on this agreement and to indemnify the District from any such claims to the fullest extent allowed under applicable law. This express indemnification provisions specially includes reimbursement for any and all attorneys' fees and litigation costs incurred by the District or on its behalf as a result of any such claim. This clause shall survive the termination of this agreement.

Assumption of Risk: I understand that participation in District field trips and school related activities may

involve outdoor activities, recreational activities, educational visits to locations that require transportation and other activities that carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but risks include, but are not limited to, the following: (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to (3) catastrophic injuries such as paralysis and death, whether due to foreseen or unforeseen circumstances.

Nondiscrimination in District Programs and Activities: I understand that District programs and activities are conducted free from discrimination on the basis of a protected class in accordance with Education Code 220. I understand that this prohibition against discrimination, as set forth in District Board Policy 0410 (Nondiscrimination in District Programs and Activities), applies to and during all school activities, including field trips.

Code of Conduct: I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Also, I understand that my child/children and I must review and follow the rules of the 2024/2025 Bus Code of Conduct, posted on the PSUSD's website under the Transportation tab, prior to the field 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 Name:	
Parent/Guardian Signature:	Date:
Address:	Phone:
Student Signature:	Date of Birth:
Medical Insurance Carrier:	Policy Number:
Insurance Carrier Address:	

(1) If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.

(2) ____ Check here if any medication(s) is required on this trip.

(3) Medication(s) must be registered on this form and must have prior physician authorization (obtained at school); please list here name of medication(s) and reason:

All medications must be kept and distributed by staff, excepting those which must be kept on the student's person for emergency use and with prior authorization only.