

SONORA SCHOOL DISTRICT

STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

Destination/Nature of Activity: \_\_\_\_\_
(Please be specific)

Special Instructions: \_\_\_\_\_
Bring Lunch

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

Type of Transportation: District Bus/Vehicle Walking Other: \_\_\_\_\_

Health or special needs: Check as appropriate.

Table with 3 rows for health or special needs. Row 1: My student has no special health needs... Row 2: My student has a special need, and instructions are provided here: Please Check if Instructions are attached. Number of attached pages: Row 3: Other:

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 and emergency transportation 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.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Sonora School District and hold the 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. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) (Please Print Name) Work Phone ( ) Home Phone ( )

Student's Signature Student's Date of Birth

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

In the event of an emergency, please contact:

(Name) (Relationship) Work ( ) Home ( )