

OAKDALE JOINT UNIFIED SCHOOL DISTRICT

Parent Authorization-Voluntary Excursion/Field Trip Waiver and Medical Authorization for Minor

Dear Parent/Guardian:

Return this form with all required information and signatures to: _____
(Teacher in charge)

My student: _____ has permission to participate in the following voluntary activity:
(Student's Name)

Destination: _____ Group: _____

Transportation: School Bus , Chartered Bus , School Van , Private Car , Walking , Other

By Whom: Driven by Parent , Driven by School Employee

Departure Date: _____ Time: _____ Departure Location: _____

Return Date: _____ Time: _____ Return Location: _____

MEDICAL WAIVER

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.

Family Medical Insurance Carrier: _____ Policy # _____

Address of Insurance Carrier: _____ Phone # (____) _____

Check here if there are **no special problems and no medication/ drugs required** on this trip that the staff should be aware of.

If your student has any **special medical needs or "Allergies,"** please list and write a description of problem or condition and what school personnel need to know if a problem arises: _____ (Continue on the back of this sheet)

Medication needed on trip: All medication (prescription or over the counter) must have a physician/parent authorization form accompanying the medication. All medication must be kept and distributed by staff, excepting those indicated by the medication authorization form that must be kept on the student's person for emergency use. Authorizations must be submitted with medication to school personnel before leaving. Medication must be supplied in the original container that includes the student's name. Medication brought without proper authorization will be confiscated and **not** dispensed to student.

List any medications required here: _____ (continue on back)

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion; and 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 such claims.

RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion

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 immediately at his/her parents' expense.

Signature (Parent/ Guardian) _____ Print Name (Parent/ Guardian) _____ Date _____

Address: _____ Phone# work/home _____ cell# / alternate# _____

Secondary contact in case parent cannot be reached, (must be person listed with the school as an "emergency contact"):
(Name) _____ (Relationship) _____ (Phone #s) _____

Student Pledge: I pledge to follow the Conduct Code and not to be involved in drug/alcohol use or abuse in any way, during this trip. If such involvement should occur (conduct code violations, possession, being under the influence, etc.), I understand that I will be subject to suspension from school, possible expulsion, community service and drug counseling.

Student Signature _____ Date _____