

VOLUNTARY FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR

(TEACHER SECTION)

DESTINATION: _____

DATE(S): _____ During Lunch Not During Lunch

DISTRICT PERSON IN CHARGE: _____

MODE OF TRANSPORTATION: (Bus or Private, one or both) _____

CHARGES FOR TRIP (if applicable): _____ AMOUNT ENCLOSED: _____ CASH OR CHECK: _____

**No student shall be prevented from making the trip or excursion because of lack of sufficient funds.*

ITEMS STUDENTS NEED TO BRING: _____

(PARENT/STUDENT SECTION)

_____ (Child's name) has my permission to go on this field trip.

HEALTH NEEDS: Initial as appropriate.

_____ My child has **NO** special health needs the staff should be aware of and **NO** medication is required on this trip.

_____ My child has a special health need: _____

The following medication should be given to the person in charge: _____

Physician's order required — forms available in school office (if not already on file)

_____ My child is allergic to the following: _____

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment 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. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. **As stated in California Education Code Section 35330**, I understand that I hold the Evergreen Union 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 trip.

Parent/Guardian Signature: _____ Home/Cell #: _____

Parent/Guardian's Name: _____ Work #: _____

Student Signature: _____ Student's Date of Birth: _____

Address: _____

Family Doctor: _____ Phone #: _____

Medical Insurance Carrier

Policy No.

Address

* Additional signature authorizes, if applicable, for student to ride in a private vehicle driven by someone other than parent/guardian:

Name: _____ Signature: _____

Lunch Options (If at field trip during lunch time please check one):

YES, I want a cafeteria sack lunch.

NO, I will bring my own lunch.

White milk or Chocolate milk

PERMISSION SLIPS DUE BY: _____