

**PERMISSION FOR FIELD TRIP/EXCURSION  
CONSENT TO TRANSPORT AND TREAT**

**Field Trips and Activities**

THIS FORM MAY NOT BE ALTERED IN ANY WAY

**Permission for Field Trip/Excursion**

\_\_\_\_\_ has my permission to participate in the activities listed below. I fully understand the following:

1. Participation in these activities is voluntary;
2. I may revoke this permission at any time by notifying the school district in writing; and
3. Revocation is not effective until receipt is acknowledged by the school district.
4. "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for any injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (California Education Code, Section 35330)
5. The field trip / excursion may include but not be limited to:

Activity - Destination	Location	Departure date / time
_____	_____	_____
_____	_____	Return date / time
_____	_____	_____

**Consent to Transport**

In accordance with California Education Code Section 35350, my signature below gives permission to transport (if applicable).

**Consent to Treat**

In the event of illness or injury, I 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 physicians and/or dentist and performed by or under the supervision of a member of the medical staff of the hospital, facility or office furnishing medical and/or dental services.

Initial all appropriate boxes below and provide additional information where necessary:

- \_\_\_\_\_ There are no special problems that the staff should be aware of and no medications are to be administered on the trip.
- \_\_\_\_\_ The following medication(s) is/are to be administered on the trip: \_\_\_\_\_  
A physician's written instructions on dispensing must be attached to this form. All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- \_\_\_\_\_ My student has a special medical problem of which staff should be made aware. A description of that problem is attached to this form.
- \_\_\_\_\_ No blood transfusions or blood products are to be given.

I fully understand that my student is to abide by all rules and regulations of conduct during the trip. Any violation of these rules and regulations may result in the school contacting me to arrange transportation home for my student at my full expense.

\_\_\_\_\_  
*Signature of Parent or Legal guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address where parent will be during field trip*

\_\_\_\_\_  
*Phone where parent can be reached during field trip*

\_\_\_\_\_  
*Parent's/Guardian's Health Insurance Company / MEDI-CAL*

\_\_\_\_\_  
*Policy number*