\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the activities listed below.

We fully understand the following:

1. Participation in these activities is voluntary.
2. This permission may be revoked at any time by notifying the school district in writing.
3. Revocation is not effective until receipt is acknowledged by the school district.

***As stated 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 or the State of California for any injury, accident, illness, or death, occurring, during, or by reason of the field trip or excursion.”

Activity-Destination:

Location:

Departure Date/Time: Return Date/Time:

**Consent to Transport**

In accordance with Ed. Code 35350, my signature gives permission for transportation (if applicable).

**Consent to Treat**

In the event of illness or injury, we do hereby consent to whatever X-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment and hospitalization are considered necessary in the best judgement of the attending physicians or dentist which is to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such services for my child.

*A special note to parents / guardians in accordance with Ed. Code Section49423:*

1) [ ] My child **does not** have special health concerns that the school staff should be aware of and no medications are required on the field trip.

2) [ ] My Child **does have** special health concerns that the school staff should be aware of and their medication(s) and the dispensing instructions are:

**Medication(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special Instructions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**All medications must be registered on this form with a physician’s written instructions on dispensing.**

**Please also attach a description of any special health concerns or restrictions your child has.**

**All prescriptions, excepting those which must be kept on the student’s person for emergency use, must be kept and distributed by the school staff.**

We fully understand that participants are to abide by all rules and regulations governing conduct during the field trip. Any violation of these rules and regulations may result in the school contacting the parents / guardians and arranging transportation home for that child at his / her and / or the parent’s / guardian’s expense.