

San Bernardino City Unified School District

**Field Trip/Excursion Waiver and Medical Authorization - Minor
(Education Code Section 35330)**

Name of School _____

I hereby give my permission for my child, _____ to participate in the _____ field trip as part of his/her regular school program. This trip is to be held from _____, 20____ through _____, 20.

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardian's expense.

I understand and acknowledge that as provided in Education Code Section 35330, by consenting to allow my child to participate in this field trip, I shall, by law, be deemed to have given up all claims against the San Bernardino City Unified School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of the field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

_____ Signature of Parent or Guardian	_____ Date	_____ Address	_____ Home Phone
_____ Signature of Student	_____ Date	_____ Father's Work Phone	_____ Mother's Work Phone
_____ Parent's Health Insurance Company		_____ Policy Number	

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE, PLEASE CONTACT:

_____ Name	_____ Address	_____ Phone
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SPECIAL NOTE TO PARENTS/GUARDIANS:

1. All drugs must be registered on this form.
2. All drugs, excepting those that must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. ____ Check here if there are NO special problems that the staff should be aware of and NO drugs are required on the trip.
4. If any medication or drugs are to be taken by student, list them here:

Name of Drug and Reason

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

REMEMBER, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE.

This form has been approved by County Counsel.