



YUCAIPA-CALIMESA JOINT UNIFIED SCHOOL DISTRICT
Yucaipa, California

FIELD TRIP/EXCLUSION WAIVER & MEDICAL AUTHORIZATION FOR 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____, to _____, 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 parents' or guardians' 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 Yucaipa-Calimesa Joint 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 Carrier Policy Number

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

_____/_____/_____
Name Address Phone

SPECIAL NOTE TO PARENTS:

- (1) All medication/drugs must be registered on this form;
- (2) All medication/drugs, except those which 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 medication/drugs are required to be taken on trip; and
- (4) If any medication/drugs are to be taken by student, list here:

Name of Medication/Drug and Reason for Use: _____

If your son/daughter has a special medical problem, please attach a description of that problem to this form.

REMEMBER, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE

DISTRIBUTION:	
Supervisor:	White
School:	Yellow