

TEMPLETON UNIFIED SCHOOL DISTRICT
FIELD TRIP/ACTIVITY WAIVER & MEDICAL AUTHORIZATION - MINOR
 (Education Code Section 35330)

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

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

I acknowledge that, as the parent/guardian of the above-named student, I have taken steps to ensure items brought by my student are appropriate. Further, I agree that my student's luggage and/or backpack and/or purse and/or other such baggage may be searched prior to departure on the field trip and at any time during the trip deemed necessary by the chaperon. Failure of the student and/or parent/guardian to consent to such search will result in student's inability to participate in the trip or immediate termination of the field trip for the student so declining. _____(PARENT/GUARDIAN'S INITIALS)

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 Templeton 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/Guardian	Date	Address	Home Phone
Signature of Student	Date	Father's Work Phone	Mother's Work Phone Cell Phone
Parents' Health Insurance Co.		Policy Number	

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

Name	Address	Home Phone/Cell Phone

SPECIAL NOTE TO PARENT/GUARDIAN:

- (1) Please list all medications your child takes and the reason: _____

- (2) List any medications your child will need to take with them on the field trip. _____

You **must provide** an *Authorization to Dispense Medication* form for all prescription or over-the-counter medications and comply with all of the requirements listed on that form. If you already have an authorization for the current school year, please check with the office and they will make a copy for you.

- (3) All medications, except for emergency medication that is authorized, must be kept and distributed by the staff.
- (4) Check here if there are **no special problems** of which the staff should be aware and no medications are required on the trip.

REMEMBER, THE SCHOOL DISTRICT'S STUDENT ACCIDENT INSURANCE IS SECONDARY TO THE FAMILY'S INSURANCE.

Copies: Principal Teacher Director – MOTG&F