

**PACIFIC COLLEGIATE SCHOOL
VOLUNTARY EXCURSION/FIELD TRIP
NOTICE AND MEDICAL AUTHORIZATION – MINOR**

Dear Parent/Guardian:

Please complete and return a signed copy of this form to the School office.

_____ (name of student) has my permission to participate in the following voluntary field trip (destination/nature of activity): _____

Special Instructions: _____

Departure Date & Time: _____ - Return Date & Time: _____

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

As stated in California Education Code Section 35330, I understand that I hold Pacific Collegiate School, its officers, agents and employees, and the State of California harmless from any and all liability or claims for injury, accident, illness or death which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier: _____ Policy Number: _____

Medical Insurance Carrier phone number: _____

A special note to Parent/Guardian:

(1) All drugs must be registered on this form; (2) All drugs, excepting 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 special problems that the staff should be aware of and no drugs are required on the trip (describe on back of form); (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.