LUCERNE VALLEY UNIFIED SCHOOL DISTRICT

FIELD TRIP/EXCURSION WAIVER & MEDICAL AUTHORIZATION – MINOR
(Education Code Section 35330)

STUDENT'S NAME:_____ **SCHOOL:**_____

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

I also understand and acknowledge that as provided within Education Code Section 35330, by consenting to allow my child to participate in this field trip, I shall be deemed to have given up all claims against the Lucerne Valley 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 this 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. (Note: In the event you elect to exclude this portion of the waiver form, you may do so without jeopardizing your child's participation in 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.)

I acknowledge that in some circumstances, non-school bus vehicles are used to transport students (e.g. vans). These vehicles do not meet the same standards of safety as a school bus and are typically driven by staff members or volunteers. The mode of transportation for this field trip will be: __school bus __other.

_____

Signature of Parent/Guardian ***Address*** ***Date***

_____

Phone Number ***Mother's Work Phone*** ***Father's Work Phone***

_____

Cell Phone Number

_____

Student's Signature

_____

Parent's Health Insurance Company ***Policy Number***

IMPORTANT

(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 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 the student, please list them here: (*give name of drug and reason*)

_____

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

R E M E M B E R, THE SCHOOL DOES NOT CARRY STUDENT ACCIDENT INSURANCE. However, individual student accident insurance is available on a group plan at reasonable rates through the school district. Please contact the District Office (248-6108) for more information and/or enrollment forms.

(This form has been approved by San Bernardino County Legal Counsel)

This form must be returned to the school prior to the field trip.

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