



**MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT
FIELDTRIP/EXCURSION**

PARENT OR GUARDIAN CONSENT, LIABILITY RELEASE AND MEDICAL AUTHORIZATION FORM

SCHOOL: _____

EVENT: _____ LOCATION: _____

DATE: _____ TIME: _____ DEPARTURE _____ RETURN _____

NAME OF CHILD: _____ CONTACT PHONE: _____

PARENT NAME: _____ OTHER PHONE: _____

I am aware that class or group fieldtrips/excursions are planned as a regular part of the school program and that pupils are accompanied by their teachers and are under general supervision at all times. I understand that it is the policy of the school district to permit children to go on these trips only when the parent/ guardian has granted written permission.

I am aware that during any field trip or excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by bus, automobile and other means, including walking.

As stated in California Education Code Section 35330, I understand and do hereby assume all of the above mentioned risks, will hold the Monterey Peninsula Unified School District, its officers, agents and employees, harmless from any and all liability or claims which may arise out of or in connection with this trip or participation in any activities arranged for my child by the Monterey Peninsula Unified School District.

I fully understand that my child is to abide by all rules and regulations governing conduct during this trip. Any violation of these rules and regulations may result in my child being sent home at his/her and/ or my expense.

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. Also, I understand that I am responsible for any expenses incurred for said treatment or hospital care.

My child (whose name is indicated above) has a special medical problem that the staff should be aware of and the following drug(s) is/are required on the trip. Name of drug(s): _____
_____ YES _____ NO

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

CONSENT: I do hereby consent that my child (whose name is indicated above) may accompany the class or group on this school sponsored fieldtrip/excursion.

Parent/Guardian Signature

Date

*This form must be completed and on file in the school office prior to a student's participation in any field trip excursion.