Central Region School Insurance Group

FIELD TRIP & EXCURSION PARENT PERMISSION, IMMUNITY RELEASE MEDICAL TREATMENT AUTHORIZATION

DISTRICT _____

Student's Name: _____ has permission to participate in the following field trip:

Destination/Nature of Activity:_____
(Please be specific, e.g., Dairy Tour/Washington DC trip.)

Special Instructions: _____
(e.g. Bring sack lunch, or "see attached instructions".)

Departure
Date: _____ Time: _____ Return Date: _____ Time: _____

Departure Location: _____Return Location: _____

Person in Charge: _____ Position: _____School: _____

Type of Transportation: ☐ District Bus/Vehicle ☐ Walking ☐ Other: _____

Health or special needs: Check as appropriate and attach instructions if applicable.

◯ My student has no special health needs the staff should be aware of, and no medication is required on the trip.

◯ My student has a special need, and instructions are attached. Number of attached pages: _____.

◯ My student has the following allergies: _____

◯ Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion; and all adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion

_____ _____ _____
Signature (Parent/Guardian) (Please Print Name) (Date)

Parent Work Phone ( ) _____ Parent Home Phone ( )_____ Student's Date of Birth _____

Family Medical
Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross

In the event of an emergency, please contact:

_____ _____
(Name) (Relationship)

Work Phone ( ) _____
Home Phone ( ) _____
Cell Phone ( ) _____