## **Carmel Unified School District**

## Consent and Medical Authorization School-Sponsored Field Trip or Voluntary Excursion

## STUDENT PARTICIPANTS

Dear Parent/Guardian:

This form serves as a permission slip for a specific field trip or excursion. The field trip or excursion is voluntary. If the trip takes place during school hours and you do not consent to your child's participation in the trip, an alternative educational activity will be provided for your child at school.

PLEASE COMPLETE AND RETURN TO THE SPONSORING TEACHER.					
Student's Name:			has my permission	to participate in the	
following authorized field tr	ip or voluntary activity:			· · ·	
Destination: Carmel B	each				
Mode of Transportation:	Walk	Driver(s):N	A		
Cost to Student : §0	District Vehicle/ Private Vehicle		District Employee / Volunteer F	<sup>o</sup> arent/Guardian	
Departure Date and Time:	October 23 or 24 Block periods 1, 2, 3, or 4				
Return Date and Time:	October 23 or 24 Block periods	1, 2, 3, or 4		-	
Sponsoring Teacher:	Cambra			_	
accidents or illness in place	field trip or excursion certaines without medical facilities; and other means, including v	hazards created			
dental diagnosis or treatme	ury, I do hereby consent to vent and hospital care are contist and performed by or undeal or dental services.	sidered necessa	ary in the best judgment of	the attending	
to have waived all claims	lucation Code Section 353 against the District or the ason of the field trip or exc	State of Califor			
understand that the belong specially trained to detect i	cipants are to abide by all ru ings and luggage of seconda llegal substances. Any violat and/or parents' expense and	ary students may ion of these rule	/ be subject to inspection be s and regulations may result	y non-aggressive dogs	
Name of Student		Date of Birth	Grade		
Signature of Parent/Guardi	an	Date	Phone N		
Address			Zip Cod	<u> </u>	
Family Medical Insurance Carrier			Policy N	lumber	
	nterested in having a school				

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CUSD #207 Check here if you are interested in information about a scholarship due to insufficient funds. Page 2					
NOTE TO TEACHER: Please give a copy to the School Nurse.					
Student's Name:					
SPECIAL NOTES TO PARENTS:					
Check here if your student requires medication during field trips. (CUSD Form #304 Request for School Personnel to Administer Medication is already on file in the school office.)  Check here if your student requires medication not covered by an existing CUSD Form # 304 Request for School					
Personnel to Administer Medication, i.e., evening meds.					
Check here if your student has any special meal or other health needs. (Please make note on reverse.)  Check here if there are <u>no</u> special problems that the staff should be aware of and <u>no</u> medications are					
required while on the trip.  FOR OVERNIGHT TRIPS ONLY: Please give approximate date of last Tetanus booster:					
TON OVERNION THE O ONE T. I loade give approximate date of last Tetanias booster.					
<b>Health Information and Permission to Administer Medication</b>					
Please describe your child's health problem and any special meals or health measures needed other than medication:					
<u>Emerger</u>	ncy Contact Numbers				
Name	Relationship	Phone			
If your child is to take medication while on the trip, California Education Code requires:					
<ol> <li>Permission by parent and instructions from the doctor must be provided for each medicine.</li> <li>This applies to both prescription and over the counter medicines.</li> <li>Complete CUSD Form # 304 Request for School Personnel to Administer Medication</li> </ol>					
<ol> <li>The medicine(s) must be brought to the office prior to the trip in a pharmacy-labeled container to be stored and administered by school personnel.</li> </ol>					
<b>NOTE:</b> Arrangements may be made for students with chronic health conditions to keep the necessary medication in their possession and self-administer if the parent and health care provider request such in writing <u>and</u> obtain advance approval from the School Nurse.					
<b>Parent Permission</b> : I hereby request that a member of the school staff designated by the principal assist in administering medication to my child.					
Parent/Guardian Signature X		_ Date			