

# 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 trip or voluntary activity:

Destination: \_\_\_\_\_ Health Class Field Trips - Hexbox, Happy Girl Kitchen, Sanctuary Rock Gym

Mode of Transportation: \_\_\_\_\_ School Bus \_\_\_\_\_ Driver(s): \_\_\_\_\_ District Employee  
 \_\_\_\_\_ District Vehicle/ Private Vehicle \_\_\_\_\_ District Employee / Volunteer Parent/Guardian

Cost to Student : \$ \$25

Departure Date and Time: \_\_\_\_\_ 9/18 or 9/19 Hexbox Fitness, 9/25 or 10/3 Happy Girl Kitchen, 11/6 or 11/7 Sanctuary Rock Gym  
 \_\_\_\_\_ During block periods 1, 2, 3, or 4

Return Date and Time: \_\_\_\_\_ 9/18 or 9/19 Hexbox Fitness, 9/25 or 10/3 Happy Girl Kitchen, 11/6 or 11/7 Sanctuary Rock Gym  
 \_\_\_\_\_ During block periods 1, 2, 3, or 4

Sponsoring Teacher: \_\_\_\_\_ Cambra

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 air, train, bus, automobile, and other means, including walking.

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, All persons making the field trip or excursion are deemed to have waived all claims against the District or the State of California for any injury, accident, illness or death occurring during or by reason of the field trip or excursion.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I also understand that the belongings and luggage of secondary students may be subject to inspection by non-aggressive dogs specially trained to detect illegal substances. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and appropriate disciplinary action.

_____ Name of Student	_____ Date of Birth	_____ Grade
_____ Signature of Parent/Guardian	_____ Date	_____ Phone Number
_____ Address		_____ Zip Code
_____ Family Medical Insurance Carrier		_____ Policy Number

Check here if you are interested in having a school lunch provided for your student on this field trip. Please bring \$3.50 for a regular lunch. Students on free lunch will be provided a lunch at no charge if they wish.

Check here if you are interested in information about a scholarship due to insufficient funds.

**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 **no** special problems that the staff should be aware of and **no** medications are required while on the trip.

**FOR OVERNIGHT TRIPS ONLY:** Please give approximate date of last Tetanus booster: \_\_\_\_\_

**Health Information and Permission to Administer Medication**

Please describe your child's health problem and any special meals or health measures needed other than medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Numbers**

Name	Relationship	Phone

If your child is to take medication while on the trip, California Education Code requires:

- 1) Permission by parent and instructions from the doctor must be provided for each medicine.  
***This applies to both prescription and over the counter medicines.***  
Complete CUSD Form # 304 *Request for School Personnel to Administer Medication*
- 2) 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.

**NOTE:** 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 **and** obtain advance approval from the School Nurse.

**Parent Permission:** 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 \_\_\_\_\_