

**GRANT SCHOOL DISTRICT
FIELD TRIP/ACTIVITY PERMISSION
AND MEDICAL AUTHORIZATION**

Student's Name

has my permission to participate in the following Field Trip/Activity:

Field Trip Destination/Activity: _____

Date of Field Trip/Activity: _____ Time of Field Trip/Activity: _____ to _____

Transportation provided by (circle one): School Bus Commercial Bus Private Vehicle

Must complete permission to
transport by private vehicle
and proof of insurance forms.

If a sack lunch is required (check one)

Bring from home Order from school cafeteria

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, I understand that I hold the Grant School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Phone where parent can be reached: _____ Cell: _____

List one alternate person to contact & their phone #: _____

Student Signature: _____ Date of Birth: _____

Physician's Name: _____ Phone: _____

Medical Insurance Carrier

Policy No.

Address

If your son or daughter has a special medical problem including medication, please describe below:

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION - MINOR**

Dear Parent/Guardian:

Kindly complete and return two signed copies of this form to _____

Throughout the school year, your child will have an opportunity to participate in VOLUNTARY off-campus field trips/excursions. These activities may include but are not limited to:

- government offices parks and zoos athletic events
- conferences and meetings local businesses entertainment events
- exhibition and fairs museums/cultural centers etc.

I hereby authorize _____ to participate in these voluntary activities throughout the school year unless this authorization is revoked by me in writing.

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 judgement 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 understand that I hold Calanywhere School District its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier Policy No. Address

A special note to Parent/Guardian: (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 student, list them here: _____ . If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION - ADULT**

Name of District: _____

Destination: _____

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

As stated in California Education Code Section 35330, I understand that I hold the Calanywhere School District its agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Carrier

Policy No.

Address

In the event of illness or accident, please notify:

Name

Address

Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.
Thank you.