

**FIELD TRIP OR EXCURSION AUTHORIZATION
AND MEDICAL TREATMENT AUTHORIZATION**

In-state

(Adult)

Out-of-state

Completion of this form is required for all field trips / excursions.

Name of student

Name of School

Class/ Program

Teacher

Date(s) of Field Trip/Excursion

Location of Field Trip/Excursion

Transportation Provider

1. **I hereby volunteer** to participate in this Field Trip or Excursion.
2. Regarding medical needs or other special assistance: Is special assistance/accommodation necessary for you to participate in this Field Trip or Excursion?
 No Yes. Please explain _____

3. If you have health insurance, please list:

Health Insurance Company Policy Number Group Number

4. Please list additional emergency contacts, should the parent/guardian be unavailable:

Emergency Contact Telephone

Physician Telephone

5. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.

6. Waiver of Claims for Liability: I understand that California Education Code, Section 35330 provides:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. 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 all claims.”

In voluntarily participating in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my participation in the Field Trip or Excursion and I make this request voluntarily because I desire to participate in the Field Trip or Excursion. I also understand that, if I do not participate, I will be involved in alternative activities, for which I will receive full credit.

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

8. I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

Signature

Date

Home telephone

Work telephone

Mobile telephone or pager

White – Field Trip Supervisor

Yellow – School/Facility

Pink – Student