

# *Anderson Union High School District*

1469 Ferry Street, Anderson, CA 96007 ♦ (530) 378-0568 ♦ FAX (530) 378-0834

Victor Hopper, Superintendent

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

Dear Parent/Guardian:

Kindly complete and return this form to \_\_\_\_\_.

\_\_\_\_\_ (student name) has my permission to participate in the following voluntary activity: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

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 Anderson Union High School District, its elected or appointed officials, employees, agents, and volunteers 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) L) Check here if there are 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: (Name of drug and reason) \_\_\_\_\_ If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

Students on school-sponsored trips are under the jurisdiction of the district and shall be subject to district and school rules and regulations. Principals may remove from the trip any student whose presence on the trip would pose a safety or disciplinary risk. (AUHSD BP/AR 6153)