ARCADIA UNIFIED SCHOOL DISTRICT
VOLUNTARY EXCURSION/FIELD TRIP WAIVER, AND MEDICAL AUTHORIZATION FORM
(MINOR)

Please complete and return the lower portion of this form to the school.

Dear Parent/Guardian:

Please complete the form below if you wish your child to participate in the upcoming field trip.

Activity Clovis Cross Country Invitational

Destination Fresno, CA Person in Charge Raymond Mynster

Departure Date and Time October 10, 2008 at 12:30PM Return Date and Time October 11, 2008 at 6:00PM

Means of Transportation: ☐ School Bus X Private Auto ☐ Walking Trip ☐ Other _____

As stated in California Education Code Section 35330, I understand that I hold **Arcadia Unified School District,** its officers, agents and employees, harmless from any and all liability or claims, individually and collectively, from and against all costs, losses, claims, demands, suits, payments and judgements, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, which may arise out of or in connection with my child's participation in this activity.

I understand that this is a voluntary trip and that students not participating will be provided with alternate educational experiences at school.

I am aware 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 his/her and/or parents' expense.

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.

Special Instructions from Teacher:

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*Student Name _____, a student at _____School, has my permission to participate in the following activity: _____

Health Needs: *(Initial one of the following)*

_____ My student has no special health needs the staff should be aware of and no medication is required on this trip.
_____ My student has the following special health need _____
_____

My student will require the following medication (all medication to be taken by student should be listed here):
_____
(Medication, properly labeled and with directions for administration, should be provided to adult in charge on day of the trip.)

If there have been any changes to your address, telephone numbers, emergency contact, or medical insurance information since you last completed a Field Trip Emergency Numbers and Medical Insurance Information Form, please contact the school office with updated information.

_____	_____	_____
Signature of Parent or Guardian	Printed Name of Parent/Guardian	Date
_____	_____	_____
Home Phone	Business Telephone (ext.).	Student's Date of Birth

* Required for trip participation