



MONTEBELLO UNIFIED SCHOOL DISTRICT

STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP
DISTRICT SPONSORED NON-DISTRICT SPONSORED

PARENTAL PERMISSION, ASSUMPTION OF RISK, EMERGENCY MEDICAL TREATMENT AUTHORIZATION
Student Field Trip Form

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

Destination/Nature of Activity: \_\_\_\_\_
(Please be specific, e.g., Concert at UCLA.)

Special Instructions: \_\_\_\_\_
(e.g., Bring sack lunch.)

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

Name of Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Transportation Waiver \_\_\_\_\_ Parent/Guardian Initial here
Student authorized to use following mode of transportation:
District Bus Walk Other: \_\_\_\_\_

Health or special needs: Check as appropriate.

My student has no special health needs the staff should be aware of.

My student has a special need, and instructions are attached. Number of attached pages: \_\_\_\_\_.

Medical Release \_\_\_\_\_ Parent/Guardian Initial here
In the event of emergency illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further understand that all medical expenses are fully my responsibility. (If no family insurance is available, please inquire about a School-Time Coverage Policy good for the current school year. See your site administration office.)

Attached are signed Confidential Authorization to Treat a Minor and Administer Medicine, 2 pages (required).

Liability Statement \_\_\_\_\_ Parent/Guardian Initial here
I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. If the Supervising Teacher deems a student's behavior as uncorrectable, the parents will be informed and the student will be sent home at the expense of the parents. See MUSD Administrative Regulation 5131 & 5131.1.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Montebello Unified School District (District) and hold-harmless the District, its officers, agents and employees, from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) \_\_\_\_\_ (Print Parent/Guardian Name) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Other Phone( ) \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ (Print Parent/Guardian Name) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Other Phone( ) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Student Signature \_\_\_\_\_ (Print Student Name) \_\_\_\_\_

Principal's Approval \_\_\_\_\_