



MONTEBELLO UNIFIED SCHOOL DISTRICT

CONFIDENTIAL AUTHORIZATION TO TREAT A MINOR

REQUIRED MEDICAL RELEASE FORM FOR:

Student's Last Name, First Name, Middle Initial _____

I (we) the undersigned parents or legal guardian of the above named student, a minor, have entrusted such minor into the care of Montebello Unified School District (MUSD or District), and other adults for the purpose of taking part in all activities and obligations as related to being a student participant in _____

Name of program or description of Field Trip (Please be specific, e.g., Band Trip to London, England)

In such connection, I (we), the undersigned, authorize such caring adults to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervisions, and on the advice of, a physician and surgeon licensed under the provisions of the Medicine Practice Act, or, if in another state or country, under the provisions of law in that state or country governing the practice of medicine; and further authorize such caring adults to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act, or, if in another state or country, under the provisions of law in that state or country governing the practice of dentistry. The decision by such caring adults shall be made after due consideration of all the facts and circumstances that reasonable parents in a similar situation would take into consideration. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the above named minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I (we), the undersigned, additionally authorize such caring adults and MUSD to arrange for treatment by emergency medical technicians (i.e., paramedics), and hire an ambulance or other emergency vehicle to transport such minor to a suitable place where medical or dental care is provided. It is understood that the Montebello Unified School District cannot assume responsibility for the payment of medical fees or expenses incurred. I (we), the undersigned, understand that these arrangements are to be made at my (our) expense.

For and in consideration of permitting me and/or my minor child/ward to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Montebello Unified School District (District) or any of its officers, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to him/herself and/or his/her minor child/ward, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program nor does the District provide medical coverage for participants in this activity.

List or attach any restrictions to the foregoing.

If none, please complete "AUTHORIZATION FOR ADMINISTRATION OF MEDICINE & EMERGENCY CONTACT" and sign in ink.

Dated this _____ day of _____
(Month) (Year)

Signature(s) of Parent(s)/Guardian(s):

