

SPRECKELS UNION SCHOOL DISTRICT

P.O. Box 7362  
Spreckels, CA 93962  
831-455-2550 phone  
831-455-1296 fax

**VOLUNTARY EXCURSION FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION**  
**MINOR**

\_\_\_\_\_ Spreckels School

\_\_\_\_\_ Buena Vista Middle School

Parent/Guardian:

Completion of this form will allow your child to attend scheduled field trips throughout the year, both walking and by bus, that occur within normal school hours. However, you will always be informed of upcoming field trips prior to the actual day.

My child, \_\_\_\_\_, has my permission to participate in school field trips during the 2019-20 school year.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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I am aware that during any field trip or excursion certain dangers may occur, including but not limited to the hazards created by the forces of nature and hazard of travel by air, train, bus, automobile, walking and other means.

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 or the hospital or facility furnishing medical or dental services.

As stated in *California Education Code Section 35330*, I understand and I may assume all of the above mentioned risks, and will hold Spreckels Union School District, its officers, agents and employees harmless from any and all liability or claims whatsoever, which may arise out of or in connection with a trip or participation in any activity arranged for the participant by the Spreckels Union School District. The terms thereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family.

Students are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in students being sent home at parent/guardian expense.

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Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*IN THE EVENT OF ILLNESS OR ACCIDENT during the above activity, I can be reached at:*

Phone: \_\_\_\_\_

\*If there are any specific medical conditions, please attach a description/directive to this consent form. All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff. If any medications are to be taken by student, list them below;

\_\_\_\_\_  
Medication Name/Reason for Administering