

HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

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: _____

Person in Charge: _____ Position: _____ School: Westminster High School

Type of Transportation: District Bus/Vehicle (include district fee of \$ _____) Other: _____(see below*)

*Transportation arrangements are the sole responsibilities of the parent/guardian. I understand that Huntington Beach Union High School District will NOT provide my child's transportation and will have no responsibility for arranging student transportation, carpools, or transportation routes.

Health or special needs: Check as appropriate.

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

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

Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the HBUHSD and hold the District, its officers, agents and employees, harmless 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) (Please Print Name) Work Phone () _____
Home Phone () _____

Address: Number and Street _____ City, State, Zip Code _____

Student's Signature _____ Student's Date of Birth _____

Family Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact:

(Name) (Relationship) Work () _____
Home () _____

Address Number and Street _____ City, State, Zip Code _____