

LOS MOLINOS UNIFIED SCHOOL DISTRICT
Los Molinos, California

**PARENT PERMISSION FORM FOR STUDENT TO PARTICIPATE IN FIELD TRIP,
WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT**

Return this to your Child's Teacher

I, _____ ("Student") and I/We (Parent/Guardian of Student, hereinafter "Parent/Guardian"), by signing below agree to the following with respect to Student's participation in the following voluntary activity:

My son/daughter has my consent to participate in the field trip described below and may participate in all activities associated with the field trip (hereinafter, "Field Trip").

1. Description of Field Trip: _____
2. Location: _____
3. Date/Time/Duration: _____

- A. Student and Parent/Guardian understand that Student's participation in the Field Trip is an honor and a privilege and that Student shall act responsibly and with self-control throughout the trip's duration. Student and Parent/Guardian acknowledge that Student is a person of sufficient maturity to make reasonable decisions about his/her conduct, and Student shall accept full responsibility for such conduct while participating in this trip. The conduct and discipline codes of the District and/or School remain in effect during the Field Trip.
- B. Student agrees to abide by the following additional rules while participating in the Field Trip, commencing at the time of departure from school premises until Student returns to his/her home:
- i. Student will not purchase, possess, use, consume, ingest and/or smoke any alcoholic beverages, drugs/narcotics and/or tobacco of any kind whatsoever. The sole exception to this rule is that student who have, in advance of the Field Trip and consistent with law and policy, obtained written approval from an authorized health care provider and the parent to self-monitor, self-test, or self-administer the medication in the student's possession during the Field Trip (Board Policy 603.2, Administering Medication and Monitoring Health Conditions, Education Code Section 49423 and 49423.1; and Title 5 California Code of Regulations Section 600).
 - ii. Student will stay within the geographic parameters designated throughout the Field Trip.
 - iii. Student will not damage or deface any property that does not belong to him/her.
- C. Student and Parent/Guardian understand and agree that if Student violates any of the rules set forth in this document, it will be within the sole discretion of the Field Trip Supervisor or other designated supervisor ("Supervisors") to take whatever disciplinary action is necessary, including immediate notification of Parent/Guardian, dismissal from the Field Trip, or any other discretionary action that may be deemed appropriate.
- D. Student and Parent/Guardian acknowledge that there are certain risks inherent in participating in field trips. Such risks may include, but are not limited to, accident, delay, bodily injury, illness, death, or damage to personal property. Student and Parent/Guardian further agree that the Supervisors cannot ensure the safety of Student. Student and Parent/Guardian expressly assume these risks and agree that they will not hold the Supervisors or the Los Molinos Unified School District responsible if such events occur (Education Code Section 35330).
- E. Student and Parent/Guardian, as a condition of Student's participation in the Field Trip, hereby agree to indemnify and hold harmless from all claims or suits for damages to injury arising from Student's participation in the Field Trip and liabilities against the Los Molinos Unified School District, its officers, agents, employees, and volunteers (collectively "District"), for injury, accident, illness, or death occurring during or by reason of this Field Trip, except for the willful misconduct of such persons. Student and Parent/Guardian hereby waive any and all rights to hold the District personally, individually, jointly or severally liable for any and all claims.

- F. In the event of an accident, injury and/or medical emergency, Supervisors are hereby authorized to consent to and obtain whatever emergency medical treatment, surgery or dental care is considered necessary from and in the best judgment of the attending physician, medical care facility, hospital, paramedic unit or other health care provider deemed appropriate by Supervisors in the circumstances. In the event it is impossible to receive instructions for Student's care, full authorization is given to any licensed physician and/or surgeon for the provisions of medical treatment, including the administration of drugs or medication, and the performance of surgical treatment for the relief of pain and/or the preservation of life and/or health and wellbeing. Student and Parent/Guardian understand that this authorization is given in advance of any specific diagnosis or treatment being required and that such authorization is given to provide Supervisors and the Los Molinos Unified School District with the power to secure reasonable medical care under emergency circumstances. Medical costs incurred shall be the responsibility of Student and Parent/Guardian.
- G. Student and Parent/Guardian agree to pay for such medical care whether or not the costs are insured by Student or Parent/Guardian's health insurance. Student and Parent/Guardian understand that an attempt will be made to contact Parent/Guardian by telephone if possible, before such care is administered.

Phone Number(s) where Parent(s)/Guardian(s) can be reached: _____

Name of Medical Insurance: _____

Emergency medical contact number(s): _____

Medical history that may be of importance: _____

Medication student is taking (if any): _____

Medication student should not take: _____

- H. The Los Molinos Unified School District does not pay for accidental injuries to student. The Parent/Guardian is encouraged to obtain health insurance from a private vendor.

I have read, understand, and voluntarily agree to all provisions stated above. I give my permission for my child to participate in the Field Trip described herein.

Student's Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address: _____ Phone: _____