

Ed Services Department	SYLVAN UNION SCHOOL DISTRICT FIELD TRIP PARENT PERMISSION, IMMUNITY RELEASE MEDICAL TREATMENT AUTHORIZATION	October 2017 FORM H Page 1
---------------------------	--	---

I, the parent/legal guardian of _____ has permission to participate in the following field trip:

Destination/Nature of Activity: Great America- 8th Grade Trip
(Please be specific, e.g., Dairy Tour/Washington DC trip.)

Special Instructions: _____

- My child will bring a labeled sack lunch and drink from home
 Pre-order a school lunch (Arrangements must be made with the school by 4/12/2024)

Departure Date: May 17, 2024 Time: 8:00am Date: _____ Return Time: 7:00pm

Departure Location: Savage Middle School Return Location: Savage Middle School

Person in Charge: Heidi Divird Position: Teacher School: Savage Middle School

Type of Transportation: District Bus Storer Bus Walking Other: _____

Health or special needs: Check as appropriate and attach instructions if applicable.

- My student has no special 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: _____
 My student has the following allergies: _____
 My student has a Request for Administration at School form on file in the school office: _____
 My student takes medications during the school day, including inhalers and/or emergency medications such as an EpiPen. _____
 My student takes medications outside of the school day _____
 Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or 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 fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion

 Signature (Parent/Guardian) (Please Print Name) (Date)

Parent Work Phone: () _____ Parent Home/Cell Phone () _____ Student's Date of Birth _____

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

In the event of an emergency, please contact:
 _____ Work Phone () _____
 _____ Home Phone () _____
 _____ (Name) _____ (Relationship) _____ Cell Phone : () _____