

Principal Signature

FULLERTON SCHOOL DISTRICT
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENT/GUARDIAN PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION

Destination/Nature of Activity: (Please be specific, e.g., music concert, zoo)

School: Grade: Teacher:

Special Instructions: (e.g., bring sack lunch)

Departure Date: Time: Return Date: Time:

Person in Charge: Position: School:

Type of Transportation: District Bus/Vehicle Walking Other:

M F

Table with 4 columns: Student's Last Name, First Name, Middle Initial, Date of Birth; Home Address, City, Zip Code, Home Phone; Father/Legal Guardian, Work Phone, Cell Phone; Mother/Legal Guardian, Work Phone, Cell Phone.

EMERGENCY CONTACT IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED

Table with 4 columns: Name, Relation to Student, Home Phone, Cell/Work Phone (repeated twice).

STUDENT'S MEDICAL INFORMATION

Table with 5 columns: Medical Insurance Carrier, Group #, ID #, Name of Physician, Physician's Phone.

My child has a health or medical need: No Yes If yes, please complete Field Trip Medical Form on the backside of this form.

I give permission for my child to attend and fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

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 and emergency transportation considered necessary in the best 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.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Fullerton School District (District) 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 which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Legal Guardian)

(Please Print Parent/Legal Guardian Name)

FIELD TRIP/EMERGENCY MEDICAL FORM

**Students with health or medical needs must have this form fully completed with original parent/guardian signatures.
No faxes, phone calls, etc. will be accepted, only this form.**

FOR OFFICE USE ONLY:

For any "Yes" response to anything below, the District nurse must be notified **NO LATER THAN 2 WEEKS** prior to the event.
Nurse was notified on: _____ (please provide date of notification).

Date of Field Trip:

Destination:

Teacher/ Grade:

M F

Student's Last Name

First Name

Middle Initial

Date of Birth

Does your child have:

Allergies

Yes No

Does child need an Epi-Pen injection kit? Yes No

Asthma

Yes No

Does child need an inhaler? Yes No

Diabetes

Yes No

Does child need Glucagon? Yes No Does child use insulin? Yes No

Epilepsy / Seizures

Yes No

If yes, please explain: _____

Heart Conditions

Yes No

If yes, please explain: _____

Trouble hearing?

Yes No

Wear a hearing aid? Yes No

Vision problems?

Yes No

Wear eyeglasses? Yes No Wear contact lenses? Yes No

Does your child:

Have any activity limitations, physical restrictions or require adaptive equipment? Yes No If yes, please explain: _____

Have any other chronic, existing, or special conditions that should be noted? Yes No If yes, please explain. _____

Does your child take any medication(s)? Yes No If yes, what medication(s) is your child taking? _____

If medication(s) is to be taken during the trip, a **Parent/Guardian and Authorized Health Care Provider Request for Medication form** must be completed by the physician and the parent for each medication being taken. No medication (prescription and/or non-prescription) can be administered without physician's order. Prescription and non-prescription medications must be sent in the original pharmacy container. To accommodate medication needs, all physician medication orders and medication(s) must be brought to the school by the parent/guardian one week prior to the trip for review by the school nurse or the student will not be able to attend the field trip. Medication is not to be transported by the student.

Signature of Parent/ Guardian

Date