SE3530.00e

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND
MEDICAL AUTHORIZATION – MINOR

Dear Parent/Guardian:

_____ (student name) has my permission to participate in the

following voluntary activity: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

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 of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I waive all claims against the Mendocino County Office of Education, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Mendocino County Office of Education, its officers, agents or employees.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: Date: _____

Address:_____ Phone: _____ Student

Signature: _____ Date of Birth: _____

Medical Insurance Carrier: _____

Policy No.:   _____

Address: _____

A special note to Parent/Guardian:

1. All drugs must be registered on this form.
2. All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. _____Check here if there are special problems that the staff should be aware of and no drugs are required on the trip.
4. If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) _____. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.