

# Orange Unified School District

## VOLUNTARY EVENT/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION – MINOR

*To be completed by parent/guardian and collected/maintained by teacher / trip organizer*

Dear Parent/Guardian: Kindly complete and return this form to \_\_\_\_\_  
(Teacher / Person in charge of event/field trip)

I hereby authorize (*student's name*) \_\_\_\_\_ to participate in the following event/field trip:

Description of event/field trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Date of event/field trip: \_\_\_\_\_ Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Mode of transportation (i.e.: walk, district bus): \_\_\_\_\_ Cost of Event: \_\_\_\_\_

Suggested attire: \_\_\_\_\_

It is extremely important to be aware of any medical condition/problem and/or medications a student is required to take when going on an event/field trip. Please list any medical conditions and/or medications that we should know about.

Medical Condition/Severe Allergies

Treatment/Limitations

Any student who needs to take medication while on a field trip **MUST** have a written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff person must keep the medication with them at all times unless previous arrangements have been made (i.e.: student has written permission on file to carry medication, such as an asthma inhaler).

**\*\* Have your physician fill out this section ONLY if student needs to take medication during event/field trip \*\***

Name of Medication

Dose

Time(s) of Administration

Physician Signature (if not on file)

Date

\*If your student already has medication at school that they take on a daily basis, you may contact the Health Office and arrange, **prior to the event/ field trip**, for their medication, along with the permission forms to be sent on the event/field trip. If you do not contact the Health Office, it will be assumed they will not be taking their medication unless you make other arrangements.

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 agree to hold Orange Unified School 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/field trip/event.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the event/field 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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Student's Birth date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Subscriber's ID #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_