

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION

Dear Parent/Guardian:

Kindly complete and return this form to **Teacher** _____
Name of Teacher Name of School
_____ (Student Name) has my permission to participate in the following voluntary activity:

Destination: California Science Center and Page Museum
Departure Date & Time: February 10, 2010; 8:30 am Return Date & Time: 2-10-10; 4:00pm

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 hold the Hacienda La Puente 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.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip as outlined in the "Annual Handbook" distributed in August/September. 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 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) L 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,