



UNIVERSITY HIGH SCHOOL

Parent Consent for Voluntary Field Trip/Excursion and Emergency Medical Authorization

I hereby give my child, _____, permission to participate in the following event:
(Student's Name)

_____ on _____
(Event) (Date)

Departure _____ AM / PM Return _____ AM / PM

MEALS

- Pupil should bring sack lunch
- Other: _____

METHOD OF TRANSPORTATION

Bus/Van: Student is required to travel on bus/van with staff to and from this event, unless prior arrangements are authorized below. **No** deviations from these arrangements will be permitted.

Private Auto: I hereby authorize _____
(Name of Authorized Person Providing Transportation)
to transport my child to and/or from this event.

Field Trip Agreement/Authorization:

It is necessary that parents specifically authorize their child to be included in this field trip/excursion. While supervision for this event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period stated above. Although the school will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand the school assumes no liability whatsoever in case of injury or accident. It is also important for the student and the parent/guardian to realize that injuries or accidents can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury, such as, paralysis – partial or total, or even death. Further, I have been advised of the contents of the State of California Education Code Section 35330, which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." By my signature below, I, as parent/guardian of the named student, agree that I will not sue University High School or any of its employees or agents for personal injury, death or any other claim arising in any way out of my child's participation in the event described above. This Agreement is binding not only me, but any person who may deem to represent or act on my behalf. I understand that my child/ward is not required to participate in the event described above and that this agreement not to sue is made in consideration of University High School allowing my child/ward to participate in this event. Understanding this, I am signing this Agreement freely and voluntarily and that by signing I am waiving rights which I might otherwise have.

Approval Signature (Parent/Guardian)

Date

Student Signature

Date

Authorization to Treat a Minor:

Should it be necessary for my child to have emergency medical treatment while participating in field trip/excursion, I hereby authorize University High School to use their judgment in obtaining emergency medical service for my child. I consent to have my child treated in an emergency room or hospital. I further authorize any individual selected by University High School personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. It is understood that an effort shall be made to contact the undersigned prior to the rendering of any treatment, but that treatment will not be withheld if the parent/guardian cannot be contacted. I understand that any and all such costs shall be my sole responsibility. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Emergency Medical Authorization:

(Parent/Guardian please complete)

Authorization Signature of Parent/Guardian

Print Name of Parent/Guardian

My child has the following medical conditions, which may require special attention:

Allergies (list) _____

Diabetes _____ Seizures _____ Other (Explain) _____

Please provide 2 telephone numbers for emergency contact.

Contact Name / Telephone Number

Contact Name / Telephone Number

Student Telephone Number

My child will need medication while on this trip*: Yes _____ No _____
*If "Yes," the authorization must be on file in the UHS Office.

Please check here if special instructions regarding medical treatment are on file in the UHS Office.

NOTE: This form must be completed for participating in all field trips conducted by University High School within the State of California.