

Huntington Beach Union High School District
STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP PARENTAL PERMISSION,
ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student Name: _____ has permission to participate in the following field trip:

Destination/Nature of Activity: _____
(Please be specific, e.g., Concert at UCLA)

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

Special Instructions: _____
(e.g., Bring sack lunch)

Type of Transportation: _____ District Bus/Vehicle (include District Fee of \$ _____)
_____ Other: _____ (see below)

Transportation arrangements are the sole responsibilities of the parent/guardian. I understand that Huntington Beach Union High School District will NOT provide my child's transportation and will have no responsibility for arranging student transportation, carpools, or transportation routes.

Health of Special needs: (check as appropriate)
_____ My Student has no special health needs the staff should be aware of
_____ My student has a special need, and instructions are attached. # of pages attached _____
_____ Other:

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 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.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 25220, I agree to waive all claims against the Huntington Beach Union High 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 that may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) (Please Print Name) Home Phone () _____
Work Phone () _____

Student's Signature Student's date of birth

Family Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact:

(Name - please print) (Relationship) Home () _____
Work () _____