

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 back lunch)

Type of Transportation: District Bus/Vehicle (include District Fee of \$ _____)
 Other _____ (see below)
Transportation arrangements are the sole responsibility of the participant. I understand that Huntington Beach Union High School District will not provide its District transportation services to participants if emergency student transportation, through a participating area, is necessary to transport student participants, directly or indirectly, to school.

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, anesthesia, 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 25223, 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 () _____