I agree to participate in the activities listed below. I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the school district in writing.
3. Revocation is not effective until receipt is acknowledged by the school district.

***As stated in California Education Code Section 35330:***

“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 any injury, accident, illness, or death, occurring, during, or by reason of the field trip or excursion.”

Activity-Destination:

Location:

Departure Date/Time: Return Date/Time:

**Consent to Transport**

In accordance with Ed. Code 35350, my signature gives permission for transportation (if applicable).

**Consent to Treat**

In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment and hospitalization are considered necessary in the best judgement of the attending physicians or dentist which is to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such services.

1) [ ] I **do not** have special health concerns that the school staff should be aware of and no medications are required on the field trip.

2) [ ] I **do have** special health concerns that the school staff should be aware of and my medication(s) and the dispensing instructions are:

**Medication(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special Instructions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**All medications must be registered on this form with a physician’s written instructions on dispensing.**

3) [ ] I **do have** special health concerns that I do not wish to disclose.

In the event of an emergency, my physician’s / hospital contact information is:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) **[ ]** I decline to have any blood, transfusions, or blood products to be given to me in the case of an emergency.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I fully understand that participants are to abide by all rules and regulations governing conduct during the field trip. Any violation of these rules and regulations may result in terminating of volunteer activity and arranging transportation home at your expense.