SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT

(MINOR) STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION -- DISTRICT SPONSORED ACTIVITY

Type Of Field Trip (Circle)

Special Field Trip Overnight Field Trip Out of State and/or Foreign Travel Field Trip

Date _____

Student's Name:_____ has permission to participate in the following field trip: **Program Description and Itinerary are attached along with an acknowledgment form regarding the nature of this trip, levels of supervision, and information pertaining to vendor selection. Please read this information carefully before signing the activity acknowledgment form and waiver of liability attached to this form.**

Destination/Nature of Activity: _____
(Please be specific.)

Dates: **Itinerary Attached; please read carefully and note all travel arrangements.**

Person in Charge: **Please read information pertaining to supervision levels, positions of supervisors, etc., carefully before signing the activity acknowledgment form and waiver of liability.**

Type of Transportation: Various modes of transportation may be used, some of which involve a risk that cannot be ascertained by Santa Monica Malibu School District.

Health or special needs: Check as appropriate.

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special need, and instructions are attached. Number of attached pages:_____.
	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 further acknowledge that the District does not provide medical coverage for participants in this activity.

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 35330, I agree to waive all claims against the Santa Monica Malibu 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 which may arise solely out of the negligence of the District, its employees or agents.

_____ _____ _____
Signature (Parent/Guardian) Please Print Date

Work Phone ( ) _____ Home Phone ( ) _____

_____ _____
Student's Signature Student's Date of Birth

Family Medical Insurance Carrier: _____ Policy Number: _____
(Example, Blue Cross)

In the event of an emergency, please contact:

_____ _____ Work Phone ( ) _____
Name Relationship Home Phone ( ) _____