# IRVINE UNIFIED SCHOOL DISTRICT
# EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION - MINOR

**(Education Code Section 35330)**

*Name of School* **Sierra Vista Middle School** I hereby give my permission for my child,

_____ _____ _____
(student name) (class period) (grade)

to participate in the **Band/Orchestra field trips which may or may not include: Festivals, Disneyland, Giving Bach**. This trip is to be held on **School year 2018-2019**.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parent's expense.

I, the undersigned, hereby release and discharge the Irvine Unified School District, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above-described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above-described field trip excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant. **800259 8/86**

_____ _____ _____ _____
Signature of Parent or Guardian Date Signature of Student Date

_____ _____
Address Phone Number

_____ _____
Health Insurance Company Policy Number

In the event of illness or accident and if different from above, please contact:

_____ _____ _____
Name Address Phone Number

***SPECIAL NOTE TO PARENTS/GUARDIANS:***

(1) All drugs must be registered on this form; (2) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3)☐**check here** if there are **NO** special problems the staff should be aware of, and **NO** drugs are required on the trip; (4) if any medication or drugs are to be taken by student, list them here:

Name of drug and reason: _____

_____

If your son or daughter has a special medical problem, please attach a description of that problem to this sheet.