

Sonora Union High School District

100 School Street, Sonora CA 95370 || Phone (209) 532-5511 x111 || Fax (209) 532-4513

GH 8 9 BH'D5 F H7 D5 HCB B'8 GHF 7 H!GDCBGCF98 JC @ BH5 FM: 9 @8 HF D

(This section to be completed by the Certificated Employee in Charge - two pages; print front to back)

Destination _____

Overnight/Out of State Field Trip (check if applicable and attach itinerary PRIOR to sending home)

Departure Date _____ XX/XX/XXXX Departure Time _____ (X:XX AM or PM)

Return Date _____ XX/XX/XXXX Return Time _____ (X:XX AM or PM)

Special Instructions (i.e., Bring sack lunch) _____

Type of Transportation Bus Suburban Other _____

Certificated Employee in Charge _____ Position/Dept. _____

School _____ School Phone _____

Permission, Assumption of Risk and Medical Treatment Authorization

(This section to be completed by the Student's Parent /Guardian or Adult Student, 18 or over)

Date _____

_____ has permission to participate in the above field trip.

Print Student's Name

Health or Special Needs (Check as appropriate and explain on reverse side of form)

- My student has no special health needs (including allergies) that the staff should be aware of and no medication is required on the trip.
 My student has a special health need(s) (including allergies) that the staff should be aware of. My instructions are listed on the reverse (Mandatory if checked).
 My student has other pertinent information or restrictions the staff in charge should be aware of. My instructions are listed on the reverse (Mandatory if checked).

Family Physician Name and Phone Number _____ Hospital of Preference and Phone Number _____

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

Emergency Contact Name _____ Relationship _____ Emergency Contact Work Phone _____

Emergency Contact Address _____ Emergency Contact Home Phone _____

Emergency Contact Cell Phone _____

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 emergency transportation considered necessary in the best judgement 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. Any violation of these rules and regulations may result in that individual being sent home at the expense of the student's parent/guardian.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Sonora 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.

Parent/Guardian/Adult Student (Print Name) _____ Relationship _____ Work Phone _____

Parent/Guardian/Adult Student Signature (Mandatory) _____ Student Birth Date _____ Home Phone _____

Emergency Contact Address _____ Cell Phone _____

Special Needs of Student:

Medications Required: *(If medication or drugs are to be taken by student, list them here.)*

Name of Drug/Dosage	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Food, Drug or Other Allergies: *(If your child has any allergies, please list below.)*

Allergy	Description of Reaction
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Pertinent Health Information Regarding My Child: