

**HEMET UNIFIED SCHOOL DISTRICT  
PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP  
(Specific Activity)**

\_\_\_\_\_ of \_\_\_\_\_ School  
(Sponsoring school/class organization)

is planning: (**Field trip** or activity) to \_\_\_\_\_

Clothing recommended:  
(Regular school clothes unless other specified) \_\_\_\_\_

Your child will also need: \_\_\_\_\_

Students participating will meet at (location): \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ a.m. Departure time is at \_\_\_\_\_ a.m. Students will return to  
(location): \_\_\_\_\_ at approximately \_\_\_\_\_

Transportation will be by \_\_\_\_\_  
(Specify – Must be district bus/car. If privately owned vehicle, list driver of car)

**PARENT OR GUARDIAN – Please complete information below and detach and return lower portion of this form to school as soon as possible. Keep the above for reference.**

**HEMET UNIFIED SCHOOL DISTRICT**

**PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP**

I request that \_\_\_\_\_ be permitted to participate in the  
(Full name of Student)

\_\_\_\_\_ planned by \_\_\_\_\_  
(Field trip/activity) (Sponsoring school class/organization)

to depart from \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
(Place) (Date) (Time)

and to conclude at \_\_\_\_\_ at \_\_\_\_\_  
(Place) (Estimated time)

He/She is in good physical condition. Should he/she become ill or injured during this trip or activity,  
\_\_\_\_\_ may receive necessary first aid.  
(Full name of student)

1. He/She **DOES – DOES NOT** (circle one) need medications (prescribed or over the counter) to be given during the hours of this field trip. Pursuant to California Educational Code # 49423, all students requiring medications are required to have a written doctor's order and written parent permission.
2. He/She **MAY - MAY NOT** (circle one) receive medical attention by a duly licensed physician.
3. He/She **MAY – MAY NOT** (circle one) be admitted to a hospital in case of emergency. I will not hold liable the Hemet Unified School District, its officers or employees for medical aid rendered and will reimburse the Hemet Unified School District for medical or other expenses incurred in his/her care. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and time period specified above. In accordance with Education Code Section 35330 I, the parent/guardian, hereby waive all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of this field trip.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date** \_\_\_\_\_ or \_\_\_\_\_  
**Phone** (where parent can be reached during field trip)

**EMERGENCY MEDICAL INFORMATION:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address City Zip Code

**Student Allergic to:** \_\_\_\_\_

Tetanus Shot in last 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Christian Science Practitioner \_\_\_\_\_ Phone \_\_\_\_\_

NOTE: Should you wish to purchase student accident, medical and hospitalization insurance, please contact your school office.