

FONTANA UNIFIED SCHOOL DISTRICT

Risk Management Department
Fontana, California

FIELD TRIP/EXCURSION WAIVER AND MEDICAL AUTHORIZATION

I, _____, hereby give my permission for my child _____,
To participate in the following activity:

NAME OF SCHOOL: _____ Jurupa Hills High School _____

ACTIVITY: _____ Senior Picnic _____

LOCATION: Fontana Park Aquatic Center (15610 Summit Ave Fontana, CA 92336)

DATE: May 19, 2013 TIME: 6 pm – 9 pm (no transportation provided) COST: \$20-25

I fully understand that my child is to abide by all the rules and regulations governing conduct during the field trip/activity. It is understood that any child determined to be in violation of these behavior standards may be sent home at parent's/guardian's expense.

By consenting to allow my child to participate in this field trip/activity, I shall, by law, be deemed to have given up all claims against the Fontana Unified School District and each of its officers, employees, and agents (hereinafter collectively referred to as "District") for any injury, accident, illness, or death relieve the District of any responsibility for damage to, or loss of, my child's property occurring during, or by reason of, this field trip/activity.

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), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to medical action.)

_____/_____/_____
Signature of Parent/Guardian Address Home Phone Date

_____/_____
Signature of Student Date Father's Work Phone _____
Mother's Work Phone _____

_____/_____
Parent's Health Insurance Policy Number

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE, PLEASE CONTACT:

_____/_____/_____
Name Address Phone

SPECIAL NOTE TO PARENTS:

- (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 that 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 the student, list them here:

Name of drug and reason

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

REMEMBER, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE

You must adhere to the pool and school dress code and rules for the event. You must have an actual bathing suit to swim (athletic shorts are not acceptable). We recommend that ladies wear one piece bathing suits. No string bikinis allowed!!! Bring a t-shirt to wear over your bathing suit if wearing a two-piece suit.

