Field Trip Authorization Form/Permission Slip

For Julian Charter School Students (one per student)

_____ has my permission to participate in the activity listed below. I fully understand the following:

1. Participation in these activities is voluntary.
2. A refund may only be issued if the field trip coordinator has received written notification of cancellation at least 2 weeks prior to the event.

Activity Name	Location	Date
Disneyland Grad Nite	Anaheim, CA	May 28, 2009

Consent to Treat

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 are considered necessary in the best judgment of the attending physicians or dentists and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I will be responsible for payment for any services, including ambulance or emergency transportation that may be considered necessary in the best judgment of emergency personnel and/or attending physicians or dentists.

_____ _____ _____
Student Address Phone Email (for confirmation)

_____ _____
Health Insurance Company/MEDICAL Policy Number

_____ _____
Name of Physician Phone

Emergency Contact Information (During hours of Field Trip):

If parent/guardian is accompanying the student, please put "Attending" in place of a phone number.

_____ _____
Name of Parent/Guardian Phone or Attending

_____ _____
Name of Parent/Guardian or other Emergency Contact and Relationship Phone

1. ☐ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
2. All medication must be registered on this form with a physician's written instructions on dispensing:
   _____
3. All prescriptions, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

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

Ed. Code Sec. 35330 states that "All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district or the State of California for injury, accident, illness, or death occurring or by reason of the field trip or excursion. All parents or guardians of pupils taking out of state field trips or excursions shall sign a statement waiving such claims. My signature on this form shall constitute an informed and knowing waiver as required by law.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Student Date