

Los Alamitos Unified School District

**School-Sponsored Field Trip Notice And Medical Authorization for Student
(Multiple Trip)**

Dear Parent/Guardian:

Please complete this form completely and return with packet contents on July 28th, 2010.

Throughout the school year, your child (print name) _____ will have an opportunity to participate in VOLUNTARY off-campus excursion/field trips. These activities may include but are not limited to:

Home Football Games, Veteran’s Stadium
Seal Beach Founder’s Day Parade
Symphonic Band Festivals Jan. – Jun., 2011

Seal Beach Holiday Parade
Competitive Field Shows; Oct. – Nov. 2010
Graduation Ceremony

As stated in California Education Code section 35330, “All persons making the field trip or excursion shall be deemed to have waived all claims against the Los Alamitos Unified School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.”

In the event of illness or injury, I 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 physician, surgeon, or dentist 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 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 his/her parent/guardian.

- () My child may participate in this/these voluntary field trip(s).
- () I do not want my child to participate in this/these voluntary field trip(s).

Parent/Guardian Signature _____ Date _____

Address _____ City, State, Zip _____

Phone number in case of emergency _____

Student Signature _____ Date of Birth _____

Medical Insurance Carrier _____

Address _____ Policy No. _____

A special note to parents/guardians: (1) All medication must be reported on reverse; (2) All Medication, excepting those which must be kept on the student’s person for emergency use, must be kept and distributed by staff; (3) Use the reverse side to list any special problems for which the staff should be aware and to list any medication your child is currently taking.