

**SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT**

**(MINOR) STUDENT PARTICIPATION IN DISTRICT SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION**

Date 8/1/17

Student's Name \_\_\_\_\_ has permission to participate in the following field trip: **Please read this information carefully before signing the activity acknowledgement form and waiver of liability attached to this form.**

Destination/Nature of Activity: YMCA Camp Whittle 31701 Rim of the World Dr Fawnskin, CA 92333  
 (Please be specific, e.g., Concert at UCLA)

Special Instructions: See attached letter for further information  
 (e.g., Bring sack lunch)

**Departure** Date: 9/3/17 Time: 8:00an **Return** Date: 9/5/17 Time: 1pm

Person in Charge: J. Huls Position: Teacher School: Samohi

Type of Transportation:  District Bus/Vehicle  Walking  Other \_\_\_\_\_

Health or special needs: Check as appropriate.

<input type="checkbox"/>	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other:

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 transportation considered necessary in the best judgment 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 further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Santa Monica Malibu 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. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) \_\_\_\_\_ Print (Name of Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone Work Phone Cell/Pager Phone

Student's Signature \_\_\_\_\_ Print (Name of Student) \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
 Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 (Example, Blue Cross)

In the event of an emergency, please contact:  
 \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Name Relationship Home Phone ( ) \_\_\_\_\_