

MADERA UNIFIED SCHOOL DISTRICT
VOLUNTARY FIELD TRIP AUTHORIZATION AND RELEASE OF LIABILITY

Voluntary field trip authorization and agreement of parent and child/ward not to sue the school district or its employees, etc. This section must be signed by the student's parent/guardian prior to the event. Students are required to travel to and from this event by the school defined method of transportation, unless indicated and signed for on an *'authorization for non-school personnel to transport student and agreement not to sue school'* form. No deviations from these arrangements will be permitted.

I hereby give my child, _____, permission to attend the following event.

PLACE: GBB Bakersfield Showcase Basketball Tournament
917-5007

TEACHERS: Mr. Villalobos (559)

Hotel Information: Address: 7941 E Brundage Ln, Bakersfield, CA 93307

DATE: Saturday, December 27th, 2025 - Tuesday, December 30th, 2025 **PERSONAL NEEDS:** Comfortable casual wear.

12/27/25 TIME OF DEPARTURE: 8:00 am.

12/30/25 TIME OF RETURN: 4:00 pm.

MEANS OF TRANSPORTATION: School Vans (2x)

By signing this contract I agree that I will not sue the Madera Unified School District or any of its employees or agents, for property damage, personal injury, death, or any other claim arising in any way out of my child/ward participating in the event, class or activity described above. This agreement is binding not only on me, but also on any person who may deem to represent or act on my behalf. I understand that my child or ward is not required to participate in the event described and that this Agreement not to sue is made in consideration of the School District allowing my child/ward to participate in this event. Understanding this, I am signing this Agreement freely and voluntarily.

**I understand that by signing this agreement I am waiving
rights which I might otherwise have.**

Date _____

Signature of Parent/Guardian _____

MADERA UNIFIED SCHOOL DISTRICT **EMERGENCY PROCEDURE CARD**

1. NAME _____
LAST FIRST MIDDLE 2. _____ 3. _____ 4. _____
GRADE ROOM NUMBER BIRTHDATE

5. LEGAL LAST NAME (IF DIFFERENT) _____ SEX (CIRCLE) M F

7. HOME ADDRESS _____ 8. _____
ZIP CODE HOME PHONE

9. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

10. _____ 11. _____ 12. _____
FATHER PLACE OF EMPLOYMENT/OCCUPATION WORK PHONE
13. _____ 14. _____ 15. _____
MOTHER PLACE OF EMPLOYMENT/OCCUPATION WORK PHONE
16. _____ 17. _____ 18. _____
STEP/FOSTER PARENT/GUARDIAN PLACE OF EMPLOYMENT/OCCUPATION WORK PHONE

19.

AUTHORIZATION TO TREAT A MINOR:
IN CASE OF EMERGENCY, I CONSENT TO HAVE MY
CHILD TREATED AT AN EMERGENCY ROOM OR
HOSPITAL. IT IS UNDERSTOOD THAT AN EFFORT
SHALL BE MADE TO CONTACT THE UNDERSIGNED
PRIOR TO THE RENDERING OF ANY TREATMENT,
BUT THAT TREATMENT WILL NOT BE WITHHELD IF
THE UNDERSIGNED CANNOT BE REACHED. THIS
AUTHORIZATION IS GIVEN PURSUANT TO THE
PROVISIONS OF SECTION 25.8 OF THE CIVIL
CODE OF CALIFORNIA.

20. CHILD'S DOCTOR _____

21. INSURANCE CARRIER _____

22. IF I CANNOT BE REACHED IN AN EMERGENCY,
PLEASE CONTACT:

NAME _____

ADDRESS _____

PHONE _____

23. COMPLETED *WITH THE HELP OF AN INTERPRETER*.