

Capistrano Unified School District
FIELD TRIP LIABILITY WAIVER AND MEDICAL RELEASE FORM

Field Trip _____ Date(s) of Field Trip _____
Destination _____ Teacher _____ School _____

PARENT/GUARDIAN: Please complete this form, sign, date and return to your student's teacher.

MEDICAL RELEASE AND STUDENT EMERGENCY INFORMATION

As the parent/legal guardian of _____, I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

Date of Student's Birth ____/____/____
Month/day/year Date of last Tetanus Booster ____/____/____
Month/day/year

Known allergies of this student, including allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to notify if parent/guardian is unavailable: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Policy Number: _____

LIABILITY WAIVER

Dear Parent or Guardian of _____. Your son/daughter has been invited to participate in the field trip described above. If you wish your son/daughter to attend this field trip, you must give permission, sign the statement printed below, and return the signed copy to the school prior to the trip. It is important for you to know that according to Education Code 35330, all persons making the field trip are "deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." Thank you for your cooperation. If there are questions concerning this matter, please call _____.

STATEMENT

I give my permission for _____ to attend the field trip described above.
Student's name

I have read the information quoted above on liability of the District and the State of California for occurrences on field trips and I understand it. I have read and authorize the medical release as stated above. I further understand that the field trip described above is a voluntary activity and not put in any way required as a part of the curriculum of the School District. Further, I understand that participation or non-participation in the field trip described above will not affect the grade of any pupil in any course.

Signed: _____ Date: _____
Parent/Guardian signature