This form serves as a permission slip for ALL regular field trips. Prior to each field trip your child's teacher will send home a notice including the dates, times, etc

CUSD #207 E 3541.1 (C)

Carmel Unified School District

Voluntary Excursion/Field Trip Waver and Medical Authorization

STUDENT PARTICIPANTS

Dear Parent/ Guardian:

This is a blanket waiver for all field trips and off-campus activities wheich may occur during regular school hours

Student Name: _____ has my permission to participate in any authorized voluntary activities for the 20____ - 20___ school year.

I am aware that during any field trip or exurusion certain dangers may occur, including but not limited to, the hazards of accidents or ilness in places withour medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means , including walking.

In the event of illniss or injury, I do hereby consent to whatever x-ray examination, anesthetic, nmedical, 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 hospotal of facility furnishing medical or dental services.

As stated in California Educational Code Section 35330, I understand that I may assume all of the above mentioned risks, will hold the Carmel Unified School District, its officers, agents and employees, harmless of any and all liability or claims whatsoever, which may arise out of or in connection with a trip or participation in any activities arranged for the participant by the Carmel Unified School District. The terms thereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all member of my family.

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 his/her and/or parents' expense.

PLEASE FILL OUT AND RETURN TO SCHOOL OFFICE:

Signature of Parent/Guardian	Date	Phone Number
Address		Zip Code
Signature of Student	Date of Birth	Grade
Family Medical Insurance Carrier		Policy Number
Address	Zip Code	Phone Number

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