

Mi Escuelita Spanish

PARENT CONSENT FOR CHILD'S VOLUNTARY FIELD TRIP PARTICIPATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Please note: Three signatures required

Education Code section 35330: "All persons making the field trip or excursion shall be 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. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

School: _____ Teacher: _____ Date of Field Trip: _____

Field Trip Destination: _____ Location of Destination: _____

Trip Itinerary Information: _____

Student's Name: _____ Grade: _____
Last First Middle

Address: _____ Phone: _____
Number/Street City Zip

Father/Guardian Name: _____ Phone: _____
Employer: _____ Phone: _____
Name City

Mother/Guardian Name: _____ Phone: _____
Employer: _____ Phone: _____
Name City

EMERGENCY Contacts: 1. _____ Phone: _____
(If unable to reach parent) 2. _____
Names / Relationships

Doctor's Name: _____ Phone: _____
Name of Medical Insurance Carrier: _____ Phone: _____

Policy Number: _____ Effective Date: _____

The Board of Trustees specifically prohibits the use of privately owned vehicles, operated by parents or volunteers, to transport students on school-sponsored field trips except when approved in advance by the school principal for a parent to transport his/her own child to and from the location of the activity.

FIELD TRIP RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give my consent to have my child _____ voluntarily attend this field trip.
(Please fill in child's name)

I understand that this field trip is not a required activity of my child's class. While field trip attendance is encouraged, it is not required. An alternative activity will be provided at the school site if my child does not attend this field trip.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ETIWANDA SCHOOL DISTRICT, their officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter, while my son/daughter participates in the field trip or excursion, sponsored, planned and directed by the **Mi Escuelita Spanish**.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the participation of my son/daughter in the field trip or excursion, sponsored, planned and directed by the **Mi Escuelita Spanish**.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in a field trip or excursion, sponsored, planned and directed by the **Mi Escuelita Spanish**; and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Guardian Date

Please continue to the other side

As a parent/guardian of _____, I understand that **Mi Escuelita Spanish** does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

I will enroll my child in the voluntary student insurance program.

I will not enroll my child in the voluntary student insurance program.

Signed _____ Date _____

STUDENT HEALTH HISTORY FOR FIELD TRIP PARTICIPATION:

Student Name: _____ Birthdate: _____

Last First Middle

1. To the best of your knowledge, has your child been exposed to a communicable disease within the past 21 days?
_____ Yes _____ No

2. Does your child have any of the following health problems? Please answer **Yes** or **No**.

- a. Operations or serious injuries (dates) _____
- b. Chronic or recurring illness _____
- c. Recent broken bones _____
- d. Asthma _____
- e. Heart disease _____
- f. Hay fever _____
- g. Fainting spells _____
- h. Hernia (rupture) _____
- i. Seizures (Epilepsy) _____
- j. Diabetes _____

Other physical conditions or diseases _____

3. Date of most recent **Tetanus** shot _____

4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants or pollens, foods, etc.) _____

5. Medications child takes (Type of Medication, reason, dosage and frequency, name of prescribing physician): _____

6. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.

7. If your child takes any medication that must be administered during the field trip, you must have on file a Parental Consent for Administration of Medication form, as required by district policy and state law. Along with the form, you must provide the medication and the physician's specific directions concerning administration and dosage, emergency contact information for the prescribing physician, and any other medical instructions. If you need this form, please contact the school office.

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and my son/daughter herein described has permission to engage in all described activities except as noted by me and is physically fit to participate.

I (we) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby consent that he/she be permitted to attend (event) _____ on (date) _____ and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medicine Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable to **Mi Escuelita Spanish**, its officers, or employees for medical aid rendered and will reimburse to **Mi Escuelita Spanish** for all medical or other expense incurred in the care of my son/daughter. This Authorization is given pursuant to Family Code section 6910 and remains effective only for the event and date listed above.

In order that my son/daughter may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the **Mi Escuelita Spanish** and its representatives harmless in the exercise of this authority.

Signature of Parent or Guardian _____ Date _____