To be completed by parent/guardian and collected/maintained by teacher / trip organizer

VOLUNTARY EXCURSION/FIELD TRIP PERMISSION
AND MEDICAL AUTHORIZATION – MULTIPLE TRIPS

Dear Parent/Guardian:

Kindly complete and return this form to _____
(teacher / person in charge of trip)

I hereby authorize (*student's name*) _____ to participate in voluntary off-campus field trips/excursions. These may include, but are not limited to, trips to **government facilities, parks and zoos, athletic events, conferences and meetings, local businesses, entertainment events, exhibitions and fairs, museums and cultural centers, etc.**

It is extremely important to be aware of any medical condition/problem and/or medications a student is required to take when going on a field trip. Please list any medical conditions and/or medications that we should know about.

Any student who needs to take medication while on a field trip **MUST** have written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff person must keep the medication with them at all times unless previous arrangements have been made (i.e.: student has written permission on file to carry medication, such as an asthma inhaler).

*****Fill out this section ONLY IF student needs to take medication during field trip *****

_____	_____	_____
Name of Medication	Dose	Time(s) of Administration
_____	_____	_____
Physician Signature	Date	Phone Number

*****If your student already has medication at school that they take on a daily basis, you may contact the Health Office and arrange, ***prior to the field trip***, for their medication, along with the permission forms to be sent on the field trip. If you do not contact the Health Office, it will be assumed they will not be taking their medication unless you make other arrangements.

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 are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School 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.

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 the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

_____ Student's Birth date:_____

Medical Insurance Carrier: _____ Subscriber's ID #: _____

Emergency Contact: _____ Phone: _____