

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: Riverside King HS, Riverside Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 3/1/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_  
\_\_\_\_\_.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: Ayala HS, Chino Hills Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 3/7/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: Upland HS, Upland Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 3/15/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_  
\_\_\_\_\_.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: Arcadia HS, Arcadia Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 3/23/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_  
\_\_\_\_\_.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: Riverside City College, Riverside Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 3/27/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_  
\_\_\_\_\_.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: WGASC Championships, Orange County Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 4/12/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_  
\_\_\_\_\_.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code §35330 (see reverse), I understand that I hold the State of California and the Hesperia 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

HESPERIA UNIFIED SCHOOL DISTRICT  
**PARENT/GUARDIAN FIELD TRIP PERMISSION, WAIVER AND MEDICAL AUTHORIZATION FOR MINOR STUDENTS**

\_\_\_\_\_ DOB: \_\_\_\_\_ has my permission to go on the following field trip:  
(name of student)

Destination: Upland HS, Upland Activity: Winter Guard Competition  
(including city, if out of town)

Date(s): 2/15/14 Departure Date/Time: TBA Return Date/Time: TBA

Certificated Employee(s) in Charge: Mr. Costantino, Band Director

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_  
\_\_\_\_\_.

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_. In accordance with Ed Code §49423 (see reverse) a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

I give permission for my child to wade/swim during this excursion. I would rate my child's swimming ability as:

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Authorizing Water Activity

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 is 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 hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # daytime/evening

Family Medical Insurance  
Carrier: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_  
Name and relationship to student Phone # daytime/evening

\_\_\_\_\_  
Name and relationship to student Phone # daytime/evening