

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: Ramona High School, Riverside Activity: Drumline Competition
(including city, if out of town)

Date(s): 3/7/20 Departure Date/Time: TBD Return Date/Time: TBD

Certificated Employee(s) in Charge: Mr. Costantino

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: A.B. Miller High School, Fontana Activity: Drumline Competition
(including city, if out of town)

Date(s): 3/21/20 Departure Date/Time: TBD Return Date/Time: TBD

Certificated Employee(s) in Charge: Mr. Costantino

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: Colony High School, Ontario Activity: Drumline Competition
(including city, if out of town)

Date(s): 3/29/20 Departure Date/Time: TBD Return Date/Time: TBD

Certificated Employee(s) in Charge: Mr. Costantino

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 King High School, Riverside Activity: Drumline Competition
(including city, if out of town)

Date(s): 4/5/20 Departure Date/Time: TBD Return Date/Time: TBD

Certificated Employee(s) in Charge: Mr. Costantino

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: Azusa Pacific University, Azusa Activity: Drumline Competition
(including city, if out of town)

Date(s): 4/18/20 Departure Date/Time: TBD Return Date/Time: TBD

Certificated Employee(s) in Charge: Mr. Costantino

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