

**Please be sure to complete all marked areas**  
**FIELD TRIP OR EXCURSION AUTHORIZATION**  
**AND MEDICAL TREATMENT AUTHORIZATION**

(Minor)

(California Education Code Section 35330)

In-state

Out-of-state

**Completion of This Form is Required for ALL Field Trips or Excursions**

1. Name of school: NPHS Teacher Crystal

I hereby give permission for my child, ~~X~~ Student's Name ~~X~~, to participate in the \_\_\_\_\_ field trip or excursion as a part of his/her regular school program.

This field trip or excursion is to be held on \_\_\_\_\_; or from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_\_.

Transportation for this field trip or excursion will be provided by school bus

2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child to participate in this field trip or excursion?

~~X~~  No

Yes. Please explain \_\_\_\_\_

**Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child required to take medication during the course of this field trip or excursion?

~~X~~  No

Yes. **Parent/guardian must contact the school office** to obtain form VCSS SFA-1059, AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS or form VCSS SFA-1061, EXTENDED FIELD TRIP OR EXCURSION MEDICATION(S) AUTHORIZATION (which must be signed by parent/guardian and student's physician.)

3. **If you have health insurance, please list:**

~~X~~ Health Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Please list additional emergency contacts, should parent/guardian be unavailable:**

~~X~~ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the field trip or excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent's/guardian's expense.

California Education Code Section 35330 provides as follows:

"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."

**I understand that the District does not require the minor student to participate in the field trip or excursion and I make this request voluntarily because I desire the minor student to participate in the field trip or excursion. I also understand that, if I do not consent to the minor student's participation, the minor student will be involved in alternative supervised activities, for which the minor student will receive full credit.**

5. In the event of illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the participant(s) parent(s)/guardian(s).

6. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

~~X~~ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ ~~X~~