

**TRINITY ALPS UNIFIED SCHOOL DISTRICT
PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF
CLAIMS FORM – FIELD TRIP**

_____ of _____ School
(Sponsoring school/class organization)

is planning: (Field trip or activity) to _____

Clothing recommended:

(Regular school clothes unless other specified) _____

Your child will also need: _____

Students participating will meet at (location): _____

On _____ at _____ Departure time is _____ Students will return to
(location): _____ at approximately _____

Transportation will be by _____

(Specify – Must be district bus/car. If privately owned vehicle, list driver of car)

**PARENT OR GUARDIAN-Please complete information below and detach and return lower
portion of this form. Keep the above for reference.**

**TRINITY ALPS UNIFIED SCHOOL DISTRICT PARENT PERMISSION,
EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP**

I request that _____ be permitted to participate in the
_____ planned by _____

(Field trip/activity)

(Sponsoring school class/organization)

to depart from _____ on _____ at _____

(Place)

(Date)

(Time)

and to conclude at _____ at _____

He /She is in good physical condition. Should he/she become ill or injured during this trip
or activity, _____ may receive necessary first aid.

(Full name of student)

1. He/She DOES – DOES NOT (circle one) need medications (prescribed or over the counter) to be given during the hours of this field trip. Pursuant to Cal Ed Code #49423, all students requiring medications are required to have a written doctor's order and written parent permission.
2. He/She MAY – MAY NOT (circle one) receive medical attention by a duly licensed physician
3. He/She MAY – MAY NOT (circle one) be admitted to a hospital in case of emergency. I will not hold liable the TAUSD, its officers or employees for medical aid rendered and will reimburse the TAUSD for medical or other expenses incurred in his/her care. This authorization is given pursuant to Section 25.8 of the Civil Code of Ca. and remains effective only for the event and time period specified above. In accordance with Ed Code Section 35330 I, the parent/guardian, hereby waive all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason on this field trip

Signature of Parent/Guardian

Phone (where parent can be reached during field trip)

EMERGENCY MEDICAL INFORMATION:

Doctor: _____ Phone: _____

Street Address

Zip Code

Student Allergic to: _____

Tetanus Shot in last 6 months? **YES NO** (circle one)

Christian Science Practitioner _____ Phone _____

Principal approval _____ Date _____ Bus request in _____