This form serves as a **blanket** permission slip for ALL regular field trips. Prior to each field trip your child's teacher will send home an additional notice with specific information.

CUSD #206
01/05 ksw

# Carmel Unified School District

E 3541.1

## Blanket Field Trip Waiver/Voluntary Excursion and Medical Authorization

STUDENT PARTICIPANTS

Dear Parent/Guardian:

This is a blanket waiver for all field trips and off-campus activities which may occur during regular school hours.

Student Name:_____ has my permission to participate in any authorized voluntary activities for the 20_____ - 20_____ school year.

I am aware that during any field trip or excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

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 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.

As stated in California Educational Code Section 35330, I understand that I may assume all of the above mentioned risks, will hold the Carmel Unified School District, its officers, agents and employees, harmless of any and all liability or claims whatsoever, which may arise out of or in connection with a trip or participation in any activities arranged for the participant by the Carmel Unified School District. The terms thereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family.

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 his/her and/or parents' expense.

**PLEASE FILL OUT AND RETURN TO SCHOOL OFFICE:**

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Signature of Parent/Guardian | Date | Phone Number |
| _____ | | |
| Address | | Zip Code |
| _____ | _____ | _____ |
| Signature of Student | Date of Birth | Grade |
| _____ | | _____ |
| Family Medical Insurance Carrier | | Policy Number |
| _____ | | _____ |
| Address | Zip Code | Phone Number |

**SPECIAL NOTES TO PARENTS:**

1. ☐ Check here if your child requires medication during field trips. **Please complete CUSD Form #304 *Request for School Personnel to Administer Medication* and return to school office.**

2. ☐ Check here if you are interested in having a prepared school lunch provided for your child on field trips.