

PARENTAL AND MEDICAL AUTHORIZATION FOR MINOR/STUDENT PARTICIPATION IN DISTRICT-APPROVED FIELD TRIP Continued...

(Must be completed by every student who participates in the field trip)

Medications (check one)

- My child takes no medications.
- My child will be taking prescription or over-the-counter medications while on the field trip. Appendix 7903.11 B (Parent Request for the Administration of Medication Prescription and Non-Prescription) has been completed and is attached.
- A description of any medical problem is attached.

In the event I am not available in an emergency, please notify:

Name/Address (Day & Night phone)

My Child's Physician Physicians Address/Telephone Number

Medial Insurance Carrier: Policy Number Address

Parent/Guardian Signature Date

Printed Name Address

Day Phone Night Phone

Student Signature Date of Birth

ANAHEIM UNION HIGH SCHOOL DISTRICT
Appendix 7903.11A

PARENTAL AND MEDICAL AUTHORIZATION FOR MINOR/STUDENT
PARTICIPATION IN DISTRICT-APPROVED FIELD TRIP
(Must be completed by every student who participates in the field trip)

To: Cypress School, Anaheim Union High School District:

The following student has my permission to participate in the following voluntary activity:

(Print student name)

Band and Pageantry
Sponsoring Group/Class

All Band and Pageantry Performances, 2008-2009
Destination(s)

TBA
Departure Date(s) and Time

TBA
Return Date(s) and Time

As stated in California Education Code Section 35330, I understand that I hold the Anaheim Union High 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.

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 the expense of his/her parent/guardian.

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.