

**HEMET UNIFIED SCHOOL DISTRICT
PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP
(Specific Activity)**

_____ 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 _____ a.m. Departure time is at _____ a.m. 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 to school as soon as possible. Keep the above for reference.

HEMET UNIFIED SCHOOL DISTRICT

PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP

I request that _____ be permitted to participate in the
(Full name of Student)

_____ planned by _____
(Field trip/activity) (Sponsoring school class/organization)

to depart from _____ on _____ at _____
(Place) (Date) (Time)

and to conclude at _____ at _____
(Place) (Estimated time)

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 California Educational 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 Hemet Unified School District, its officers or employees for medical aid rendered and will reimburse the Hemet Unified School District for medical or other expenses incurred in his/her care. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and time period specified above. In accordance with Education 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 of this field trip.

Signature of Parent/Guardian Date Phone (where parent can be reached during field trip) or _____

EMERGENCY MEDICAL INFORMATION:

Doctor: _____ Phone: _____
Street Address City Zip Code

Student Allergic to: _____

Tetanus Shot in last 6 months? _____ Yes _____ No

Christian Science Practitioner _____ Phone _____

NOTE: Should you wish to purchase student accident, medical and hospitalization insurance, please contact your school office.