



REDLANDS UNIFIED SCHOOL DISTRICT

VOLUNTARY EXCURSION/FIELD TRIP NOTICE (NON-DISTRICT SPONSORED TRANSPORTATION) AND MEDICAL AUTHORIZATION - MINOR

Dear Parent/Guardian:

Kindly complete and return this form to _____ (site)
_____ (name) has my permission to participate in the following
voluntary activity:

Destination: _____

Event Date & Start Time: _____ Approximate End Time _____

Transportation to and from this event will not be provided by the District. Parents/guardians are responsible for ensuring that their student arrives and departs the event as indicated above. By signing this form you acknowledge that the District assumes no responsibility for transportation of the student to or from the event.

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.

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.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier

Policy No.

Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) () Check here if there are special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) _____

If your son or daughter has a special medical problem, medications or allergies, kindly indicate on the back of this form.

20 West Lugonia Avenue • Redlands, CA 92373, (909) 307-5300