

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
(MINOR) STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION

Date _____

Student's Name: _____ has permission to participate in the field trip listed below. **Attached are a Program Description and Itinerary regarding the nature of this trip, levels of supervision, methods of transportation, and information pertaining to vendor selection. Middle and High School students are required to have a completed Teacher Acknowledgement form for participation. Please review all information carefully before signing this activity acknowledgment and waiver of liability form.**

Destination/Nature of Activity: _____
(Please be specific.)

Dates: **Itinerary Attached; please read carefully and note all travel arrangements.**

Person in Charge: **Please read information pertaining to supervision levels, positions of supervisors, etc., carefully before signing the attached activity acknowledgment and waiver of liability forms.**

Type of Transportation: **Various modes of transportation may be used, some of which involve a risk that cannot be ascertained by the Manhattan Beach Unified School District.**

Health or special needs: Check as appropriate.

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special medical condition and special needs and those are stated on the back of the form or on an accompanying sheet. Number of attached pages: _____. I am also attaching a medical release, dated no earlier than 10 days prior to the departure date from my child's attending physician giving permission to attend this field trip. All medication, except those which must be kept in the student's possession for emergency use, MUST be kept and distributed by staff. All medication must be registered on this form.
	Other:

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 and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip, including conduct towards the bus driver, teachers, and sponsors. I further understand that students will go to and return from the event using the transportation provided to the group. I hereby acknowledge that students are responsible to make up any assignments missed due to this activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Manhattan Beach Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability, loss, damage, or claims (including reasonable attorneys' fees), caused by, arising from, or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

Acknowledgement:

Print (Parent/Guardian)	Cell Phone	Work Phone
Signature (Parent/Guardian)	Student Signature	Date

Family Medical Information:

Insurance Carrier (i.e. Blue Cross)	Policy Number	Student Date of Birth
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In the event of an emergency, please contact:

Print Name	Relationship	Cell Phone
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