

Riverside Preparatory/Oro Grande School District
Field Trip/Sporting Event/Activity Excursion Waiver & Medical Authorization – Minor

I hereby give my permission for my child, _____ to attend the following field trip, sporting event, activity or excursion as part of his/her regular school program.

PLACE _____ All Pep Band Events // 2/2, 2/20, 2/12 ___

This trip is to be held from _____, 20__ through _____ 20__ leaving at _____ and returning at _____.

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip, sporting event, activity or excursion. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parents expense.

I understand and acknowledge that as provided in Education Code Section 35330, by consenting to allow my child to participate in this field trip, sporting event, activity or excursion I shall, by law, be deemed to have given up all claims against Oro Grande School District and Riverside Preparatory school for any injury, accident, illness or death occurring during reason of the field trip, sporting event, activity or excursion. I also agree to relieve the Oro Grande School District and Riverside Preparatory School of any responsibility for damage to or loss of my child's property occurring during or my reason of the field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whatever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

	/		/		/	
Signature of Parent/Guardian		Date		Address		Home Phone
	/		/		/	
Signature of Student		Date		Father's Phone		Mother's Phone
	/					
Parent's Health Insurance Company		Policy Number				

In the event of illness AND if unable to contact the above, please contact:

	/		/	
Name/Relationship		Address		Phone

Special Note to Parents/Guardians:

(1) All drugs must be registered on this form; (2) All drugs, excepting 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 **no** 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 the student, list them here: _____

Name of drug and reason for taking

If your child has a special medical problem, kindly attach a description of that problem to this sheet.

NOTICE: The Oro Grande School District/Riverside Preparatory School does not carry student accident insurance. Student may be excluded from field trip if this form is not completed.