

MASTER

**PAJARO VALLEY UNIFIED SCHOOL DISTRICT  
PARENTAL CONSENT FOR FIELD TRIP OR EXTRA  
CURRICULAR ACTIVITY AND EMERGENCY MEDICAL  
AUTHORIZATION FORM**

Dear Parent / Guardian: **Kindly complete this voluntary excursion form and return this form to your child's teacher.**

My son/daughter/ward, \_\_\_\_\_ a student at \_\_\_\_\_ School, has my permission to participate in the following voluntary activity/field trip:

Field Trip/Extracurricular Activity: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Describe Activity: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

In the event of illness or injury, I hereby authorize Pajaro Valley School District personnel to use their judgment in obtaining emergency medical services, including 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 performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Pajaro Valley Unified School District does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

**I agree to hold the Pajaro Valley Unified School District 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/field trip. I assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct. California Education Code Section 35330**

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 # \_\_\_\_\_ Emergency # \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

My child has the following special medical needs: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

My child will need to take the following medication: \_\_\_\_\_

(Note: If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

**FAILURE TO RETURN SIGNED FORM WILL MEAN STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY/ FIELD TRIP.**

**THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.**