



MASTER

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
PARENTAL CONSENT FOR A FIELD TRIP WHICH
INCLUDES WATER ACTIVITIES AND EMERGENCY
MEDICAL AUTHORIZATION FORM

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

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

Water Activity/Field Trip: _____

Date of Activity: _____ Departure Time: _____ Return Time: _____

Describe Water 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.

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.

My Child/Ward knows how to swim: _____ My Child/Ward does not know how to swim: _____
(Please initial) (Please initial)

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 WATER ACTIVITY/FIELD TRIP.

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