

FRESNO UNIFIED SCHOOL DISTRICT

Parent Consent for Voluntary Event and Emergency Medical Authorization

To the Principal of _____ Student's Name: _____ ID# _____
(School) (Student's Name & ID #)

has my permission to participate in student impact circles

on 2/6: 12-1:30 2/7: 1:30-3, 2/8: 8:30-10 2/9: 1030-12, 2/10: 1-2:30 _____.

LUNCH

METHOD OF TRANSPORTATION

- checkbox Pupil will be at school during lunch
checkbox Pupil should bring sack lunch without liquid
checkbox Other: _____

- checkbox Walking
checkbox School Bus
checkbox Private Auto
checkbox Other _____

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this field trip/excursion. While supervision for this event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period started above. Although the school district will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand the school district assumes no liability whatsoever in case of injury or accident. It is also important for the student and the parent/guardian to realize that injuries or accidents can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury such as paralysis-partial or total, or even death. Further, I have been advised of the contents of the State of California Education Code Section 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

Approval Signature (Parent/Guardian) Date

(NOTE: TEACHERS DETACH HERE AND TAKE BOTTOM PORTION ON THE FIELD TRIP)

Should it be necessary for my child to have emergency medical treatment while participating in this trip. I hereby authorize Fresno Unified School District to use their judgment in obtaining emergency medical service for my child. I further authorize any individual selected by Fresno Unified School District personnel to render such emergency medical treatment to my child as he/ she may deem necessary and appropriate. I understand that the Fresno Unified School District has no district insurance, which pays the medical, or hospital or any other costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. The Fresno Unified School District has previously made available to me student insurance which can be obtained at my own expense.

Emergency Medical Authorization
(Parent/Guardian Please Complete)

(Signed) _____ Student's Name and I.D. # _____
Parent, Guardian or Participating Adult

Address
Home Telephone Number
Business Telephone Number
Emergency Telephone Number

checkbox PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL
NOTE: This form must be completed for participating in all field trips conducted by Fresno Unified School District within the State of California.