

TORRANCE UNIFIED SCHOOL DISTRICT

STUDENT PARTICIPATION IN DISTRICT VOLUNTARY FIELD TRIP OR OTHER ACTIVITY
PARENTAL PERMISSION ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION

Date _____

Student's Name: _____ has permission to participate in the following field trip/activity:

Destination/Nature of Activity: _____
(Please be specific, e.g. Trip to _ _ _ Museum)

Special Instructions: _____
(e.g., Bring sack lunch)

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Person in Charge: _____ Position: _____ School: _____

Type of Transportation: School Bus Walking Other: _____

Health or special needs: Check as appropriate

<input type="checkbox"/>	My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency 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. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip/activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its 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. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have read and fully understand its contents. I am aware that this is a release of liability.

Signature (Parent/Guardian) (Please print name) Work Phone () _____

Home Phone () _____

Student's Signature Student's Date of Birth

Your medical insurance carrier: _____ Policy #: _____

In the event of an emergency, please contact:

Name Relationship Work () _____
Home () _____
Cell () _____