

* Return to the TVHS Bookkeeping Office

STUDENT (First & Last): _____ TEACHER: _____ Class of 2020

EVENT/ACTIVITY: _____ Senior Disney Trip – Monday, May 18



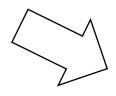
**ADMINISTRATIVE REGULATION
EXHIBIT**

E 6153 (D)

**MINOR – VOLUNTARY EXCURSION/FIELD TRIP WAIVER
AND MEDICAL AUTHORIZATION**



Dear Parent/Guardian:



Please complete and return a **signed copy** of this form to Temecula Valley High School.

_____ has my permission to participate in the

following voluntary activity: _____ Senior Disney Trip – Monday, May 18

_____	_____	_____
<i>Destination</i>	<i>Departure Date & Time</i>	<i>Return Date & Time</i>

READ CAREFULLY: In the event of illness or injury, I do hereby consent to whatever ex-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 and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As Stated the California Education Code Section 35330, I understand that I hold the **TEMECULA VALLEY UNIFIED SCHOOL DISTRICT**, their 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.

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 as his/her and/or parent’s expense.

_____	_____	_____
<i>Family Medical Insurance</i>	<i>Insurance Address</i>	<i>Policy Number</i>

_____	_____	_____	_____
<i>Signature of Student</i>	<i>Date</i>	<i>Signature of Parent or Guardian</i>	<i>Date</i>

_____	_____
<i>Home Address</i>	<i>Emergency Telephone Number</i>

A Special Note to Parents/Guardians

1. All medications must be registered on this form.
2. All medications, except 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 medications are required on the trip.
4. If any medications are to be taken by student, list them here: (Name medication & reason.)

If your son or daughter has a special medical problem, kindly attach a description of that problem to this form.

ALL BLANKS MUST BE FILLED IN.

31550 Rancho Vista Road, Temecula, CA 92592 (909) 676-2661

TVUSD/BSS: LS
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