

STUDENT: _____

TEACHER: PE TEACHER



ADMINISTRATIVE REGULATION
EXHIBIT

E 6153 (D)

MINOR – VOLUNTARY EXCURSION/FIELD TRIP WAIVER
AND MEDICAL AUTHORIZATION

Dear Parent/Guardian:

Please complete and return **two signed copies** of this form to Vail Ranch MS School.

_____ has my permission to participate in the following
voluntary activity: Vail Ranch MS Cross Country Practice Meet

<u>Vail Ranch MS</u>	<u>Wednesday, Sept. 27, 2023 (7AM)</u>	<u>Wednesday, Sept. 27, 2023 (7:45 PM)</u>
Destination	Departure Date & Time	Return Date & Time

In the event of illness or injury, I do hereby consent to whatever 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 and performed by or under the supervision of a member of the medical staff of the hospital of 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 at his/her and/or parent’s expense.

Family Medical Insurance	Address	Policy Number
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Signature of Student	Date	Signature of Parent or Guardian	Date
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Address	Telephone Number
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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 and 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.