

LA CAÑADA UNIFIED SCHOOL DISTRICT
Pupil Field Trip Permission Slip and Medical Authorization

Dear Parents:

To allow your student to participate in the following school activity off campus, we need you to fill out the following information. Please fill out each section that applies to the type of activity your student wishes to attend. *Section 35330 of the Education Code of California states that "no pupil shall be prevented from making the field trip or excursion because of lack of sufficient funds."* No pupil will be permitted to participate in the activity without this form on file.

TO BE FILLED OUT FOR ALL OFF-CAMPUS ACTIVITIES

This is to certify that my child/ward:

Name of Student _____ Address & Phone # _____

has my permission to participate in the following activity Freedom's Foundation, Valley Forge, PA

Time & date of activity: Monday, May 11 - Friday, May 15, 2020

Additional details: Forms due by Friday, March 20, 2020

Teacher in charge: Mrs. Roberts, Mrs. Sandrew, and Mrs. Hu

Parent signatures are the teacher's authorization to administer emergency First Aid and/or to call any reference listed below in case of emergency, and to authorize a representative of the La Cañada Unified School District and/or the alternates listed below to act as agent(s) to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, surgeon or dentist whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the District to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California and is effective unless revoked in writing. I understand that if this trip involves payment to a travel agency, the La Cañada Unified School District will not be held responsible should political events force cancellation of travel and loss of trip payments.

Home Phone: _____ Work Phone: _____ Cell Phone/Pager _____

Neighbor/Local Friend _____ Phone # _____

Family Physician _____ Phone # _____

Pupil's Medical Insurance Carrier: _____

Policy No.: _____

WAIVER

We (I) are (am) aware and acknowledge that any activities covered by this permission slip, by their nature, pose the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in those activities, we (I) do hereby agree as follows:

1. 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, including but not limited to transportation to and/or from the field trip/activity.

OVER.....

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2. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
3. To indemnify and hold harmless the La Cañada Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation of our (my) child/ward in the field trip/activity covered by this permission slip, including but not limited to transportation to and/or from the field trip/activity.
4. We (I) fully understand that all persons participating in the field trip/activity are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.

PRIVATE TRANSPORTATION AUTHORIZATION (if applicable)

If it is necessary to use a private car rather than a bus to transport students, the following must be signed:
My student has my permission to ride in a private car driven by a teacher or parent to the above mentioned activity.

Signature of Parents/Guardians

Date

We (I) acknowledge that we (I) have carefully read this Pupil Field Trip Permission Slip and Medical Authorization form and we(I) understand and agree to its terms.

Signature of Parent/Guardian

Dated

Signature of Parent/Guardian

Dated

(Both parents must sign unless single parent has sole custody.)

REQUEST FOR MEDICATION TO BE TAKEN DURING VOLUNTARY FIELD TRIP

SECTION I- To be completed and signed by parent or guardian

Print Name of Student (Last, First)	Sex (Circle One): Male Female	Birth date (Month, Day, Year)
NO PRESCRIPTION OR OVER THE COUNTER MEDICATION REQUESTED- Check here, sign and return form		
YES, MEDICATION REQUIRED/REQUESTED. I request that my student (named above) be assisted by authorized persons in taking these described medication while participating in voluntary field trip from _____. I understand that all medications will be administered in compliance with school policies. If "YES" is checked your physician MUST sign below.		
Signature of parent or guardian X		

SECTION II- To be completed and signed by a Physician (see below)

	Name of medication	Name of Medication	Name of Medication	Name of Medication
Purpose of Medication				
Dosage Prescribed				
Dose Form (Tablet Liquid, etc)				
Time To be administered				
Precautions, special instructions, possible adverse effect(s) or comments:				

SECTION III To be completed and signed by physician if any medication is requested.

Medication listed below will be available if authorized by parent and physician, as shown by both required signatures on this form. Please indicate your approval for use of these medications by circling yes or no before each medication.

- | | | | |
|-----|----|-------------------------|---|
| YES | NO | Medication & Dose Form: | Children's Tylenol Chewable/Meltaway Tablets or Generic |
| | | Indications for use: | Fever reduction for oral temperature above 100 F. Pain relief |
| | | Dosage & Frequency: | One Tablet every 4-6 hours as needed, not to exceed 5 doses in 24 hours |
| YES | NO | Medication & Dose Form: | Diphenhydramine Liquid 12.5mg/ml |
| | | Indications for use: | 1-2ml for relieving allergies, sneezing, itching, hives, watery eyes. Itchy nose/throat/skin. Insect bite reactions. |
| YES | NO | Medication & Dose Form: | Polysporin ointment or Generic |
| | | Indications for use: | Antibiotic for prevention of minor wound infections
Topical antibiotic to prevent infection in minor cuts or abrasions |
| | | Dosage and Frequency: | Small amount to affected area, applied 1-3 times daily |
| YES | NO | Medication & Dose Form: | Hydrocortisone 1% Cream |
| | | Indication for use: | Relief of itching and pain associated with allergic itches, rashes, and insect bites |
| | | Dosage and Frequency: | Small amount to affected area not to exceed more than 4 times daily |