ETIWANDA SCHOOL DISTRICT
PARENT CONSENT FOR CHILD'S VOLUNTARY FIELD TRIP PARTICIPATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (Page 1 of 2)

√ **Please note: Three signatures are required and initials for Student Health History are required.**

California Education Code section 35330(d): "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. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

School _____ Teacher _____ Date of Field Trip _____

Field Trip Destination _____ Location of Destination _____

Trip Itinerary Information _____

_____

Student's Name _____ Grade _____
Last First Middle

Address _____ Phone _____
Number/Street City Zip

Father/Guardian Name _____ Phone _____
Employer _____ Phone _____
Name City

Mother/Guardian Name _____ Phone _____
Employer _____ Phone _____
Name City

EMERGENCY Contacts 1. _____ Phone _____
(If unable to reach parent) 2. _____
Names/Relationships

Doctor's Name _____ Phone _____
Name of Medical Insurance Carrier _____ Phone _____
Policy Number _____ Effective Date _____

The Board of Trustees specifically prohibits the use of privately owned vehicles, operated by parents or volunteers, to transport students on school-sponsored field trips except when approved in advance by the school principal for a parent to transport his/her own child to and from the location of the activity.

FIELD TRIP RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give my consent to have my child _____ voluntarily attend this field trip.
(Please fill in child's name)

I understand that this field trip is not a required activity of my child's class. While field trip attendance is encouraged, it is not required. An alternative activity will be provided at the school site if my child does not attend this field trip.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ETIWANDA SCHOOL DISTRICT, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in a field trip or excursion that is sponsored, planned or directed by the **Etiwanda School District.**
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in a field trip or excursion that is sponsored, planned or directed by the **Etiwanda School District.**
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter/ward is participating in a field trip or excursion, sponsored, planned and directed by the **Etiwanda School District;** and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

√ _____ _____
Signature of Parent or Guardian **Date**

Revised Dec 2016

ETIWANDA SCHOOL DISTRICT
PARENT CONSENT FOR CHILD'S VOLUNTARY FIELD TRIP PARTICIPATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (Page 2 of 2)

As a parent/guardian of _____, I understand that the Etiwanda School District does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

☐ I will enroll my child in the voluntary student insurance program.

☐ I will not enroll my child in the voluntary student insurance program.

√ **Signed** _____ **Date** _____

STUDENT HEALTH HISTORY FOR FIELD TRIP PARTICIPATION

Student's Name _____ DOB _____
Last First Middle

Please check Yes or No. If Yes, please list and include date(s).

1. Has your child been exposed to a communicable disease within the past 21 days? ☐ Yes ☐ No _____
2. Does your child have any of the following health problems?

a. Chronic or recurring illness	☐ Yes	☐ No	_____	g. Hernia (rupture)	☐ Yes	☐ No	_____
b. Recent broken bones	☐ Yes	☐ No	_____	h. Seizures (Epilepsy)	☐ Yes	☐ No	_____
c. Asthma	☐ Yes	☐ No	_____	i. Diabetes	☐ Yes	☐ No	_____
d. Heart disease	☐ Yes	☐ No	_____	j. Operations	☐ Yes	☐ No	_____
e. Hay fever	☐ Yes	☐ No	_____	k. Serious injuries	☐ Yes	☐ No	_____
f. Fainting spells	☐ Yes	☐ No	_____	l. Other	☐ Yes	☐ No	_____

3. Date of most recent **Tetanus** shot _____
4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants, foods, etc.) ☐ Yes ☐ No
_____
5. Does your child take any medications? ☐ Yes ☐ No If yes, please list type of medication, reason, dosage, frequency, name of prescribing physician _____
6. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.
7. If your child takes any medication that must be administered during the field trip, you must have on file a Parental Consent for Administration of Medication form, as required by district policy and state law. Along with the form, an adult must provide the medication and the physician's specific directions concerning administration and dosage, emergency contact information for the prescribing physician, and any other medical instructions. If you need this form, please contact the school office.

☐ √ Please initial indicating you have read the above items (1-7) regarding Student Health History for field trip participation._____

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and I consent and grant my permission for my son/daughter/ward to engage in all described activities. Except as noted by me, my child is physically fit to participate.

I (we) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby consent that he/she be permitted to attend (event) _____ on (date) _____ and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital licensed by the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the **Etiwanda School District**, its officers, or employees for medical aid rendered and will reimburse the **Etiwanda School District** for all medical or other expense incurred in the care of my son/daughter/ward. This Authorization is given pursuant to California Family Code section 6910 and remains effective only for the event and date listed above.

In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the **Etiwanda School District** and its representatives harmless in the exercise of this authority.

Please note: Donations to cover the cost of the field trip and transportation are voluntary and no student will be denied participation in field trip if donation is not made.

☐ √ _____ _____
Signature of Parent or Guardian **Date**