

**Huntington Beach Union High School District**  
**STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP PARENTAL PERMISSION,**  
**ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION**

Student Name: \_\_\_\_\_ has permission to participate in the following field trip:

Destination/Nature of Activity: \_\_\_\_\_  
(Please be specific, e.g., Concert at UCLA)

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Type of Transportation: \_\_\_\_\_ District Bus/Vehicle (include District Fee of \$\_\_\_\_\_)  
\_\_\_\_\_ Other: \_\_\_\_\_(see below)

Transportation arrangements are the sole responsibilities of the parent/guardian. I understand that Huntington Beach Union High School District will NOT provide my child's transportation and will have no responsibility for arranging student transportation, carpools, or transportation routes.

**Health or Special needs: (check as appropriate)**

\_\_\_\_\_ My Student has no special health needs the staff should be aware of  
\_\_\_\_\_ My student has a special need, and instructions are attached. # of pages attached \_\_\_\_\_  
\_\_\_\_\_ Other:

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 and 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.

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

As provided for in California Education Code Section 25220, I agree to waive all claims against the Huntington Beach Union High School District (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 that may arise solely out of the negligence of the District, its employees or agents.

\_\_\_\_\_  
Signature (Parent/Guardian) (Please Print Name) Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Student's date of birth

Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Blue Cross)

In the event of an emergency, please contact:

\_\_\_\_\_  
(Name – please print) (Relationship) Home ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_