

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT 5141 Exhibit
PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP
(SPECIFIC ACTIVITY)

Tuffree Instrumental Music Dept. _____ of Tuffree Middle School
(Sponsoring school class / organization)

is planning: (field trip or activity): _____ As Per Music Calendar 2018-2019

(Regular school clothes unless otherwise specified) _____ To Be Determined

Students participating will meet at: (location) _____ Tuffree Middle School

on _____ To Be Determined at _____ To Be Determined am. Pickup time is _____ To Be Determined p.m.

Transportation will be by: _____ District Luxury School Bus ☺
(Specify – Must be district bus/car or other as authorized in writing by Director of Transportation)

PARENT OR GUARDIAN – Please complete information below, and detach and return lower portion of this form to school as soon as possible. Keep the above for reference.

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT
PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FORM – FIELD TRIP

I request that _____ be permitted to participate in the
(full name of student)

_____ 2018-2019 Music Calendar _____ planned by _____ Tuffree Instrumental Music Dept.
(field trip / activity) (sponsoring school class / organization)

To meet at _____ Tuffree Middle School _____ on _____ To Be Determined _____ at _____ To Be Determined _____ a.m.
(place) (date) (time)

and to conclude on _____ To Be Determined _____ at _____ To Be Determined _____ p.m.
(date) (time)

He/She is in good physical condition. Should he/she become ill or injured during this trip or activity,

_____ may receive necessary first aid.
(full name of student)

He/She **MAY – MAY NOT (circle one)** receive medical attention by a duly licensed physician.

He/She **MAY – MAY NOT (circle one)** be admitted to a hospital in case of emergency. I will not hold liable the Placentia-Yorba Linda Unified School District, its officers or employees for medical aid rendered and will reimburse the Placentia-Yorba Linda Unified School District for medical or other expenses incurred in his/her care. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and time period specified above. Education Code Section 35330 waives all liability claims against the district when students participate in an activity of this nature.

EMERGENCY MEDICAL INFORMATION

Note: The information below in no way limits or modifies the authorization given.

Signature of Parent/ Guardian Date Address City/State/Zip Phone

Doctor _____ Phone _____
Name Address City

Christian Science Practitioner _____ Phone _____

Tetanus shot in last six month? _____ Yes _____ No Allergic to _____

Other Emergency Contact & Telephone _____ Relationship _____

Should you wish to purchase student accident, medical and hospitalization insurance, please contact your school office.

Parent Cell Phone #: _____