

Reed Union School District

Field Trip Notice and Medical Authorization

Please complete and return this signed form to your **child's PE teacher**.

Student Name: _____ has my permission to participate in the following activity:

Track Meets. Teacher/Room # PE Teacher

Destination: Tamalpais High School in Mill Valley on April 27th and College of Marin on May 5th.

Departure date & time April 27th and May 5th at 8:45am Return date & time April 27th & May 5th at 2:30pm

Students should bring a bag lunch, plenty of water and wear sun screen.

I understand that my child will be traveling by bus.

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 judgment of attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Reed Union School 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.

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 sent home at the expense of his/her parent/guardian.

Student Signature _____ Date of Birth _____

Parent/Guardian Signature _____ Date _____

Address _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

Address _____

ALL medications must be registered on this form. All medications, excepting those, which must be kept on the student's person for emergency use, **MUST** be kept and distributed by staff.

_____ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.

_____ Check here if any medications are to be taken by this student. Attach the name of the medication and a description of that medical problem to this form.