

DEL MAR MIDDLE SCHOOL
VOLUNTARY EXCURSION/FIELD TRIP NOTICE
& MEDICAL AUTHORIZATION - MINOR

RETURN THIS FORM TO YOUR PE TEACHER My child, _____, has my permission to participate in the following volunteer activity:

Destination: Track Meets:

4/24* – Tamalpais High School, Mill Valley & 5/3 – San Marin High School

Approximate departure & return time: 9:00 a.m. & 3:00 p.m.*

* On Wednesday, 4/24, the return time will be AFTER regular bus service is over for the day. Students will be returned to school but will need to make their own arrangements to get home.

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

Parent/Guardian signature _____ Student signature _____ Date of Birth _____

Address _____ Phone # _____ Date: _____

Medical Insurance Carrier _____ Address _____ Policy # _____

A special note to Parent/Guardian: 1) All medications must be registered on this form; 2) all medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

- Check here if there are no special problems that the staff should be aware of and no medications are required on this trip.
- Check here if any medications are to be taken by this student*.
Name of medication & reason: _____
*If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

Driver Information:

- I am willing to drive on: *(Drivers needed for return trip ONLY back to Del Mar.)*
 - Wednesday, Apr 24 – Tam H.S. *(return to DM only)*
 - Friday, May 3 – San Marin H.S. *(return to DM only)*I can accommodate _____ (number) children with seat belts.
Email address: _____
(You will be contacted via email with pertinent information by our driver coordinator, Kim Logie, kimlogie2000@yahoo.com)

Please note: Drivers should report to the "Del Mar Area" in the stands on the appointed date at 2:00 p.m. Please mark your calendars, as you will not receive a confirming phone call.