

**DUBLIN UNIFIED SCHOOL DISTRICT
K-5 FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION**

Your child has an opportunity to visit _____ (destination) in connection with regular classroom studies.

Transportation will be by: District Van, Chartered Bus, Private Car, Walking

Date of Trip _____ Departure Time _____ Return Time _____

LUNCH REQUIRED No, Yes **MONEY REQUIRED** No, Yes \$ _____

SPECIAL CLOTHING REQUIRED No, Yes, _____

We are looking forward to an interesting educational experience.

Room and Grade	Teacher's Signature
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PLEASE COMPLETE AND RETURN TO YOUR CHILD'S CLASSROOM TEACHER

_____ (Student Name) has my permission to participate in the following voluntary activity in connection with regular classroom studies:

_____ (Destination)

To comply with Child Passenger Restraint requirements effective January 1, 2002, I will provide a child passenger restraint system meeting applicable federal motor vehicle safety standards unless my child (above named student) is at least one of the following:

- Six years of age or older, Weighs 60 pounds or more

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 best 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.

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 parent's/guardian's expense.

As stated in California Education Code Section 35330, I understand that I hold the Dublin Unified 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.

Parent/Guardian Signature	Print Name	Date
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Emergency Contact	Emergency Phone Number
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Medical Insurance Carrier	Policy Number	Address
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A Special Note to Parents/Guardians: (1) All drugs must be registered on this form; (2) All drugs must be kept and distributed by the staff; (3) Check here if there are no special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by the student, list them here: (Name of Drug and Reason for Use) _____. If your child has a special medical problem, kindly attach a description of that problem to this sheet and return to your school.

Yes, I can drive _____ (number of children) children using 1 seat belt per child and complying with the "Regulations When Transporting Students" on the form entitled, "Volunteer Drivers Transporting Students in Privately Owned Cars on School Sponsored Trips".