This form is worth 10 pts. towards your homework grade 😊 - Ms. Luong 🌱

PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

School: Wood Middle S.  Teacher: Ms. Luong
Date: Fr. 09/04/15

Student Name: ___________________________  General Information

Trip Destination: Fort Miley S.F.  Address: Fort Miley Seal Rock Camps

We will leave from: Wood M.S. ext.  Phone No. Ch15-515-7424

Place of Lodging: Ch15  We will return to the school on (day): 9/17 Thu

On (date) 9/17 Thu. 9/18 Fri.  At about (time): Ch15 9:30 AM  PM

Minimum number of adults/chaperones: 10 Chaperones

Type of Transportation

☐ District Vehicle  ☑ Commercial Transportation  ☐ District Bus

☐ Other (explain) ___________________________________________________________________

In the event of an accident or illness, 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.

*It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through AIG. You can enroll online at: www.studentinsuranceusa.com

(Information on Page 2 must be completed prior to submitting consent form)

E-9 Guardian Informed Consent for Field Trip  Page 1 of 2  Revised: 6/30/15
A special note to Parents/Guardians regarding prescription medication/drugs:
(1) All drugs must be registered on this form;
(2) All drugs, excepting those which must be kept on the student’s person for emergency use, must be kept and distributed by the staff;
(3) ______ Check and initial here if there are special problems that the staff should be aware of and if any drugs are required on the trip;
(4) If medication or drugs are to be taken by the student, list them here: __________________________. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employers.

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.

Student Name (please print): ____________________________________________

Home Address: _________________________________________________________

Evening Phone: _______________ Cell Phone: _______________ Day Phone: _______________

Emergency Contact: ____________________________ Emergency Phone: _______________

Medical Insurance Carrier ________________________________________________ Policy No. _______________

Parent or Guardian Name (please print): ____________________________________________

Signature of Parent/Guardian: ____________________________________________ Date: _______________

Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to the school before the student can participate in the activity.