

NICASIO SCHOOL DISTRICT

Administrative Rules and Regulations

Series 6000: Instruction

Form 6153B

Local Day-Trip Permission & Medical Authorization Form

Dear Parent/Guardian:

Return this form to: _____ no later than: _____

Throughout the school year, your child will have an opportunity to participate in voluntary off-campus field trips. These activities may include but are not limited to:

- Museums
- Theatres
- Fairs
- Parks & Zoos
- Cultural Centers
- Exhibitions

My child, _____ (*child's first and last name*), has my permission to participate in these voluntary activities throughout the 20__ - 20__ school year unless this authorization is revoked by me in writing. My child also has my permission to travel in a private vehicle in accordance with the District's policy regarding private vehicles and their drivers. 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.

As stated in California Education Code Section 35330, I understand that I hold the Nicasio 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 these activities.

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: _____ Date: _____

Phone: _____ Other Contact: _____

Medical Insurance Carrier

Policy No

Address

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 a school staff member.
- (3) If your child is taking any medication, list that medication here: _____

Name of medication & reason for medication

- (4) If your child has any other condition which we should be aware of, please describe below or attach an additional sheet if necessary.