

Valid from 6/1/2018 through 5/31/2019

Student's Last Name: _____

Student's First Name: _____

Teacher/Supervisor: Mr. Barrett

**MORONGO UNIFIED SCHOOL DISTRICT
FIELD TRIP/EXCURSION WAIVER & MEDICAL AUTHORIZATION - MINOR
(EDUCATION CODE §35330)**

Name of School: Yucca Valley High School.

I hereby give my permission for my child to participate in Music Department field trips as part of his/her regular school program. These trips are held at various times throughout the year and are under the supervision of: **Mr. Bill Barrett.**

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardians' expense.

I understand and acknowledge that as provided in Education Code §35330, by consenting to allow my child to participate in these field trips, I shall, by law, be deemed to have given up all claims against the Morongo Unified School District and each of its officers, employees, and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)



If your son or daughter has a special medical problem or must take regular medications, please check this box and write a description of the special condition on the back of this sheet.

_____/_____/_____/_____
Signature of Parent/Guardian Date Address Home Phone

_____/_____
Signature of Student Date Father's _____
Work Phone

Mother's _____
Work Phone

_____/_____
Parent's Health Insurance Company Policy Number

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE, PLEASE CONTACT:

_____/_____/_____
Name Address Phone

REMEMBER, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE

This form has been approved by the San Bernardino County Counsel