

## Parent/Guardian Instructional Trip Authorization and Emergency Procedure/Insurance Verification

**(Students: Return this form to the Activity Sponsor when completed.)**

STUDENT LAST NAME	FIRST NAME	SCHOOL	GRADE
ACTIVITY		ACTIVITY SPONSOR	
LOCATION		DEPARTURE DATE/TIME	
TYPE OF TRANSPORTATION		ANTICIPATED RETURN DATE/TIME	

**To Parent/Guardian:**

1. Your son/daughter is eligible to participate with a group from this school on the activity indicated above. One or more teachers will accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted.
2. Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.
3. **STUDENTS WILL NOT BE PERMITTED TO ACCOMPANY THE GROUP UNLESS THIS FORM IS SIGNED BY THE PARENT OR GUARDIAN, SUCH SIGNATURE TO SIGNIFY PARENTAL APPROVAL.**

I as parent/guardian understand that by permitting my son/daughter to participate in this trip, I have waived all claims against the District (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the trip. *(Education Code 35330)*

My signature below indicates that the above-named student has our permission to attend the field trip as outlined above and per the aforementioned conditions stated above.

\_\_\_\_\_

*Parent or Guardian Signature* *Date*

**Activity Sponsor: Permission forms are to be held by the sponsor until the trip is completed. Provide a list. Attendance will need a list of all those attending the activity 24 HOURS PRIOR TO DEPARTURE.**

**Teachers of said student: Please sign below to verify student/teacher contact prior to the field trip. 24-hour notice is required.**

PERIOD	TEACHER	PERIOD	TEACHER
0		4	
1		5	
2		6	
3		7	

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(continued)

**EMERGENCY PROCEDURE AND INSURANCE VERIFICATION**

(I), (We), the undersigned parent or guardian of \_\_\_\_\_,  
a minor, do hereby authorize the EL DORADO UNION HIGH SCHOOL DISTRICT, representative as agent(s) for the  
undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment,  
and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any  
physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of  
said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is  
given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical  
emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise  
of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL  
CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for  
the duration of this school-sponsored trip.

Father or  
Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother or  
Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Medical/Accident Insurance Company \_\_\_\_\_

Insurance Policy/Group No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions:

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**Note: This form will be in the sponsor's possession throughout the trip.**