

CARES

PARENT REQUEST FOR STUDENT FIELD TRIP AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

NAME OF STUDENT: _____

Please Print Clearly

Field Trips will be a planned part of the CARES Camp program. This will include taking district busses to scheduled trips in the community. Visitation to nearby parks and school may be made by walking.

I have reviewed the CARES Camp calendar and give consent for my son/daughter to participate in all field trips. As stated in California Education Code Section 35330: All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. I understand and I hold the Orange Unified School District, its officers, agents, employees, and volunteers harmless from any/all claims, which may arise out of or in connection with my child's participation in this activity.

If I cannot be reached in case of an emergency, I authorize medical or surgical examination, diagnosis and care, including x-rays, anesthetic, treatment, and hospital care to be rendered to the above-named minor under the supervision and on the advice of a duly licensed physician or surgeon. When, on any occasion, emergency transportation or such medical attention becomes necessary, it is hereby authorized within the above provisions. Further, I agree to hold harmless and indemnify the Orange Unified School District in causing the aforementioned medical treatment to be rendered to my minor child. I agree to assume the financial responsibility for such care as the doctor may consider necessary.

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 and/or guardian.

Any student riding the school bus to an activity shall return by bus. Any deviation from this rule must be approved by a CARES supervisor prior to the event.

Signature of Parent or Guardian

Date

PHOTOGRAPH / MEDIA RELEASE – OUSD has my permission to take photographs and/or provide information pertaining to my son/daughter to be used for publicity purposes in various media, including school flyers, newspapers, computer communications, radio and television. I realize that no commercial use will be made of the photographs or information.

YES

NO

Signature of Parent or Guardian

Date

*** PLEASE COMPLETE BOTH SIDES OF THIS FORM ***