

**FAIRFIELD-SUISUN UNIFIED SCHOOL DISTRICT  
VOLUNTARY EXCURSION/FIELD TRIP (SPECIFIC)  
AND MEDICAL AUTHORIZATION - MINOR**

Dear Parent/Guardian:

Date: April 28, 2015

**Please complete and return this form to your child's teacher.**

My child \_\_\_\_\_ Student ID # \_\_\_\_\_  
has my permission to participate in the following voluntary field trip:

Place: **Great America**

Date: **Saturday May 30, 2015** Departure Time: **8:40 AM from AHS** Return Time: **10:00 PM**

Mode of Transportation: **District School Bus**

Other Trip Information: **Trip Cost is \$75 and that includes admission and transportation ONLY**

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 his/her and/or parents' expense.

As stated in **California Education Code Section 35330**, I fully understand that I hold the School District, its officers, employees and agents, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

**AUTHORIZATION FOR MEDICAL TREATMENT**

In case my child is injured, I hereby authorize the medical treatment of my child (name listed above).

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Emergency \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Medical \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Important Health Information (allergic reaction, medications, conditions, etc.)

\_\_\_\_\_  
***All medications must be in original containers and, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff. If any medication is to be taken by the student, please note here:***

\_\_\_\_\_  
 Check here if there are ***no special medical problems about which staff should be aware*** regarding your child's participation in field trips and excursions.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

I can help drive. My car has \_\_\_\_\_ seat belts for children (Teacher will contact you if you are needed to drive.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number