

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

Date: August 15, 2013

Dear Parent/Guardian:

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

My Child _____ has permission to participate in the following field trip:

Place: Various Band Functions TBD

Date: 2013-2014 School Year Departure Time: TBD Return Time TBD

Mode of Transportation: District Transportation

Other Trip Information: _____

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).

Parent/ Guardian _____

Parent/ Guardian _____

Phone: Work: _____

Work: _____

Home: _____

Home: _____

Cell: _____

Cell: _____

Emergency Contact(s): _____

Family Doctor: _____ Phone Number: _____

Family Medical Insurance Carrier: _____

Policy #/Medical #: _____

Important Health Information (allergic reaction, medication(s), 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/Guardian

Date