DEL MAR MIDDLE SCHOOL

VOLUNTARY EXCURSION/FIELD TRIP NOTICE
& MEDICAL AUTHORIZATION - MINOR

Dear Parent/Guardian:

Please complete and return this signed form to your student's assigned P.E. Teacher at Del Mar.

My child, _____/_____, has my permission to participate in the following
Last Name ***First Name***
volunteer activity:

Destination: **Tiburon Bike Path, McKegney Field, and school perimeter sidewalks for P. E. class as needed.**
Date: **2011-2012 School Year**
In Charge: **PE Department**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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

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/guardian.

Parent/Guardian signature	Student signature	Date of Birth
Address	Phone #	Date:
Medical Insurance Carrier	Address	Policy #

A special note to Parent/Guardian: 1) All medications must be registered on this form; 2) all medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

☐ Check here if there are no special problems that the staff should be aware of and no medications are required on this trip.

☐ Check here if any medications are to be taken by this student*.
Name of medication & reason: _____
*If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.