

Voluntary Excursion/Field Trip and Medical Authorization

Throughout the school year, your child will have an opportunity to participate in VOLUNTARY off-campus field trips/excursions. These activities may include but are not limited to:

- government offices parks and zoos athletic events
- conferences and meetings local businesses entertainment events
- exhibitions and fairs museums/cultural centers etc.

trip:

I hereby authorize	(student) to participate in these voluntary
activities throughout the school year unless this auth	norization is revoked by me in writing.

In the event of illness or injury, and I cannot be contacted, 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 best 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 waive all claims against Chrysalis Charter School or Shasta County Office of Education, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by Chrysalis Charter School or Shasta County Office of Education, its officers, agents or employees.

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: Print Name	Signature:	Date:	
Address:	Phc	Phone:	
Student Signature:	Date of	Birth:	
Medical Insurance Carrier			
Policy No	Phone		
Medical Information Needed for a Fiel Is there any medication this child shou List:	ıld take while on field trips?		
List all medications this child takes:			
All drugs, excepting those which must authorized by doctor on a form filed in	•	• •	
Please describe any special medical pr	oblem your child has that staff sho	uld be aware of during a field	