

Mountain View Whisman School District
Field Trip Parent/Guardian Consent Form and Waiver

Dear Parent/Guardian:

Your consent is required for your child to participate in a Mountain View Whisman School District field trip/excursion. No student will be allowed to participate in the Trip without this signed permission slip. Participation in these activities is completely voluntary.

Destination/Duration/Details Regarding the Trip:

Room(s): _____

Teacher(s): _____

Date of Trip: **11/03/2023**

Destination: **On Campus Activity**

Depart Time: **N/A** Return Time: **N/A**

Bring own sack lunch: **N/A** Order sack lunch \$3.50: **N/A**

Transportation:

Walking **N/A** Bus **N/A** VTA **N/A** Parent Driver **N/A**

Student's Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Address: _____

Student Health Information

ALL medications must be registered on this form. All medications, except those that must be kept on the student's person for emergency use, **MUST** be kept and distributed by District staff.

____ Check here if there are no special medical problems for this student that the District staff should be aware of and no medications are required on the trip.

____ Check here if any medications are to be taken by this student. Complete and attach the *Permission and Instructions to Administer Medication* Form, a description of the health or medical issue, any additional health issues District staff should be aware of, and if the distribution of the medications is to be kept confidential and discreet.

- Medical Insurance Carrier (e.g., Kaiser, etc.) _____ Policy Number: _____
- Medical Insurance Address/Telephone Number _____

Person (Other Than Parent/Guardian) to Notify in Case of Emergency: _____

Cell Phone: _____ Relationship: _____

Acknowledgement, Assumption of Potential Risk, Waiver, and Rules and Regulations

I authorize _____ [child's name] to participate in the above described Trip. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in these activities. In the event of illness or injury, (1) I 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 or (2) I have attached to this form specific direction on how medical treatment to my child shall be restricted.

I understand and acknowledge that in order to participate in these activities, the child and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in these activities. I waive the right to pursue a claim against the District, and I hold the District its officers, agents, employees or volunteers harmless from any and all liability or claims that 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.

Signature of Parent/Guardian

Date