

**East Side Union High School District
Department of Insurance and Risk Management**

830 North Capitol Avenue
San Jose, CA 95133
(408) 347-5000

FIELD TRIP AUTHORIZATION & RELEASE

Dear Parent/Guardian:

Participant Name: _____ Age: _____

Address: _____ City: _____ Zip: _____ Phone: _____

has my permission to participate in the activity shown below.

Date: _____

Meeting Place: _____

Time of Departure: _____ Time Returning: _____

Transportation Provided By:

School Transportation: _____ Yes _____ No

Voluntary Drivers: _____ Yes _____ No

I am aware that during any trip or excursion injury or death may occur from hazards, including but not limited to, hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting Participant to participate in the above activity with the knowledge of the damages involved and I agree to accept any and all risks of injury or death.

Parent/Guardian please initial here: _____

In consideration of Participant's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **East Side Union High School District, its officers, agents or employees** for injury, death or property damages arising from the negligence or acts by the East Side Union High School District, its officers, agents or employees, as a result of Participant's participation in the activity described above.

In addition, I release and discharge the **East Side Union High School District, its officers, agents and employees** from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury, death or property damage resulting from Participant's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, _____ (**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/WARD AND REPRESENT THAT MY CHILD/WARD UNDERSTANDS THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Parent/Guardian's Signature

Date

If Participant is under the age of 18:

Name of Parent/Legal Guardian: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Home Telephone No.: _____ Work: _____

MEDICAL AUTHORIZATION- The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the **EAST SIDE UNION HIGH SCHOOL DISTRICT** to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless East Side Union High School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Participant's Physician: _____

Physician's Address: _____ Telephone No.: _____

Medical Insurance: _____ Group Number: _____

Subscriber's Name: _____ ID Number: _____

Employer's Address: _____

CANCELLATION NOTIFICATION – I am aware that in the event the field trip is cancelled the East Side Union High School District will not be responsible for reimbursing any costs/expenses incurred.

Parent/Guardian please initial here: _____

Parent/Guardian of Child Participant **Date**

Parent/Guardian of Child Participant **Date**

Please list any allergies or special medical conditions of Participant:

TEACHER ACKNOWLEDGEMENT:

Per.	Class	Signature and Date
1		
2		
3		
4		
5		
6		
7		