

HIGH DESERT



Voluntary Activity Field Trip Waiver and Medical Authorization

Participation in this is voluntary and is not required as part of the regular school program

Date: August 2021Activity: 5th Grade Outdoor Science SchoolReturn by: October 1, 2022

Location of Activity: Thousand Pines Outdoor Education, 359 Thousand Pines Rd., Crestine, CA 92325

Date of Activity: April 12 - 15, 2022

Cost of Activity \$310

Return HDS: April 15th in PM

Type of Transportation: AADUSD School Bus Transportation

Leave HDS: April 12th in AM

I hereby give my permission for _______ to participate in the above described activity. I fully understand that participants are to abide by all rules and regulations governing conduct during school activities and any violation of these rules and regulations may result in the participant being sent home at the parents' expense. I hereby release and discharge the Acton-Agua Dulce Unified School District/High Desert School and its employees from all liability arising out of or in connection with the above described activity.

NOTE TO PARENT/GUARDIAN: Section 35530 of the California Education Code states (in part): "All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion."

AUTHORIZATION FOR MEDICAL CARE:

Should it be necessary for my child to have medical care while participating in this activity/trip, I hereby give the school district and/or school personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the school district personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

** Please contact me if you would like to transport your own student, otherwise I will be driving my own vehicle.**

INSTRUCTIONS FOR SPECIAL MEDICAL NEEDS:

Date

Father/Guardian Signature

Home Phone

Father's Cell Number

Mother/Guardian Signature

Mother's Cell Number

Date

Student's Signature