

FONTANA UNIFIED SCHOOL DISTRICT
Fontana, California
FIELD TRIP/EVENT WAIVER AND MEDICAL AUTHORIZATION

I, _____, hereby give my permission for my child, _____, to participate in the following school-sponsored but non-required activity: _____

NAME OF SCHOOL: Jurupa Hills High School

ACTIVITY: Leadership - PALI INSTITUTE

LOCATION: LAKE ARROWHEAD

DATE: 04/20-04/22/2015 TIME: Leave 8 AM

Return 12 PM Cost: 0

TEACHER: GATE COORDINATOR Mrs. Khan

- Single Event Multiple Day Out of State Seasonal (see attached)

I agree that my child will abide by all the rules and regulations governing conduct during the field trip/event. I agree that if my child is determined to be in violation of behavior standards during a trip/event, he/she may not be permitted to participate in future field trips/events.

I agree to allow my child to participate in this non-required field trip/event. In consideration of offering the opportunity for participation in this non-required event, on behalf of my child I agree for any purpose, including, but not limited to observation, use of facilities or equipment or participation in any way, the undersigned hereby acknowledges, agrees that THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the FONTANA UNIFIED SCHOOL DISTRICT (hereinafter referred to as 'releasees') from all liability to the undersigned or their child for or any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Fontana Unified School District premises or in any way observing or using any facilities or equipment of the school district or its vendors or agents whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in, about or upon the premises of the school district or its vendors or agents and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

All persons making the field trip or event 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. (Ed. Code § 35330) Such waiver shall extend to and include the District's officers, employees, and agents.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and or surgeon as deemed necessary by the

licensed physician for the safety and welfare of my child. I agree that the resulting expenses will be my responsibility as the parent(s), guardian(s), or participants. (If and when possible, contact with the parent/guardian will be attempted prior to a medical procedure or action being taken, unless a licensed physician determines that medical action must be taken without parental contact.)

Signature of Parent/Guardian Street Address

City Home phone Date

Signature of Student (if over 18 years of age) Date Father's Work Phone
Mother's Work Phone

Parent's Health Insurance Policy Number

IN THE EVENT OF EMERGENCY AND UNABLE TO CONTACT ABOVE, PLEASE CONTACT:

Name Address Phone

SPECIAL NOTE TO PARENTS:

(1) All medicines must be registered on this form; (2) all medicines, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) _____ check here if there are any special needs that the staff should be aware of and any medicines required on the trip; (4) if any medication is to be taken by the student, list them here: _____

If your son or daughter needs an accommodation, please attach a description of any accommodation needed for your child. NOTICE, THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE.

**FONTANA UNIFIED SCHOOL DISTRICT
SECONDARY
FIELD TRIP RELEASE**

_____ requests permission to go on a field trip. If you approve, please sign below and give student necessary assignments. (Note: A student will be denied participation if two (2) or more teachers do not approve.)

CLASS TO BE ABSENT FROM

TEACHER'S SIGNATURE

APPROVAL

		YES	NO
0. _____	0. _____	<input type="checkbox"/>	<input type="checkbox"/>
1. _____	1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	7. _____	<input type="checkbox"/>	<input type="checkbox"/>

Date of Trip

Please give all dates of immunization for:

Vaccine	Dates (Mo/Yr)					
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
Or Measles	_____	_____	_____	_____	_____	_____
Or Mumps	_____	_____	_____	_____	_____	_____
Or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Vericella (chicken pox)	_____	_____	_____	_____	_____	_____

Which of the following has the participant had? (Give date)

- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- Hepatitis A _____
- Hepatitis B _____
- Hepatitis C _____

General Medical information

Operations or serious injuries (dates) _____
 Chronic recurring illness or medical condition _____
 Dietary restrictions _____
 Allergies (medication, food, others) _____

Has/does your child have/had any of the following:

- | | | | | |
|--|---|--|-------------------------------------|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Wear Glasses/Contacts |
| <input type="checkbox"/> Bleeding/Clotting disorders | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Orthodontic Appliance |

Please explain any 'yes' answers _____

Over the counter medications

I _____ hereby give permission for Pali Institute to administer the following over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headaches – Tylenol Upset Stomach – Pepto Bismol Diarrhea – Immodium AD
 Menstrual Cramps – Ibuprophen Poison Ivy – Calamine Lotion or CortAid

Signed _____ Date _____

Medications Being Taken

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

- This person takes NO medications on a routine basis
- This person takes medication as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer: _____

Pali Institute Release

Child's name: _____ I have enrolled the afore-named child or children ('Child') in the program ('Program'). I understand the Child's participation in the Program involves exposure to inherent risks that cannot be eliminated. I also understand that the Child's participation in the Program may require the use of a ropes course and other Institute activities which have the potential risk of injury.

"Individually and as the parent or guardian of the Child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including all risks associated with ropes courses and other Institute activities."

"Despite my understanding of the foregoing risks, I, individually and as the parent or legal guardian of the Child, AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS PALI MOUNTAIN INSTITUTE, and their representatives, owners, employees and agents for any damage or injury arising out of the Child's participation in the Program regardless of the cause, including NEGLIGENCE."

"I understand that the foregoing is a LIABILITY RELEASE and a MEDICAL AUTHORIZATION that is legally binding on me, the Child, our heirs and our legal representatives and I sign it of my own free will. I acknowledge that the foregoing is binding during the 2011-2012 school season."

Signature of Parent/Legal Guardian _____ Date _____