

La Cañada High School Medical Authorization

(To be completed by Parent, Guardian or Caregiver)

Dear Parents:

To allow your student to participate in the following school activity off campus, we need you to fill out the following information. Please fill out each section that applies to the type of activity your student wishes to attend.

TO BE FILLED OUT FOR ALL OFF-CAMPUS ACTIVITIES

This is to certify that my child/ward:

Name of Student _____ Address & Phone # _____
has my permission to participate in the following activity **Arroyo Water Testing, Cabrillo Aquarium**
Fieldtrip and Hyperion Fieldtrip
Time & date of activity **Field trip Permission Slips will be distributed individually**
High School adult sponsor/teacher **Mark Ewoldsen, Ph.D., (Dr.E.)**
Home Phone/Work Phone _____ Home Phone/Work Phone _____
Neighbor/Local Friend _____ Phone # _____
Family Physician _____ Phone # _____

Dated: _____

Signature of Parents _____

PRIVATE TRANSPORTATION AUTHORIZATION

If it is necessary to use a private car rather than a bus to transport students, the following must be signed:

My student has my permission to ride in a private car driven by a teacher or parent to the above mentioned activity.

Signature of Parent/Guardian

Date

WAIVER AND MEDICAL AUTHORIZATION

We (I) are (am) aware and acknowledge that any activities covered by this permission slip, by their very nature, pose the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in those activities, we (I) do hereby agree to as follows:

All persons making the field trip or excursion 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, including but not limited to transportation to and/or from the field trip/activity.

In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California and is effective unless revoked in writing.

That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.

To indemnify and hold harmless the La Cañada Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation of our (my) child/ward in the field trip/activity covered by this permission slip, including but not limited to transportation to and/or from the field trip/activity. I understand