- that if this trip involves payment to a travel agency, the La Cañada Unified School District will not be responsible should political events force cancellation of travel and loss of trip payments.
- We (I) fully understand that all persons participating in the field trip/activity are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
- If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician, a description of that medical condition and/or physical disability is attached hereto.

A Special Note to Parent/Guardian/Caregiver:

All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.

All medication prescribed by a physician for your child/ward must be kept/administered by District staff.

Check here if your child/ward has a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.

List any medication that your child/ward must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication:

Name of Medication	Dosage	Reason(s)
My child/ward is allergic to the follow	wing medications:	
acknowledge that I have carefully form and I understand and agree t		Slip and Medical Authorization
	eached: Name	
Phone #(s) (where I can be reached	during this activity):	
Pupil's Medical Insurance Carrie	r & Policy No.:	
Parent/Guardian/Caregiver (please	print):	
	Signature	Date

Note: This form must be kept with the teacher for the entire activity, with a copy on file at the school site.

Approved by Dr. Damon Dragos, Ed.D.