IRVINE UNIFIED SCHOOL DISTRICT
EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION-MINOR
(Education Code Section 35330)

Name of School: Westpark Elementary School, 25 San Carlo, Irvine, CA 92614 (949) 936-6400

I hereby give my permission for my child _____, to participate in the **Kindergarten Centennial Farms** field trip as part of his/her regular school program. The trip is to be held on **Friday, February 17, 2012**.
I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parents' expense.

I, the undersigned, hereby release and discharge the Irvine Unified School District, officers, employees, agents and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

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 for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

_____ _____
Signature of Parent or Guardian Signature of Student

_____ _____
Address Date

_____
Phone Number(s)

_____
Health Insurance Company Policy Number

In the event of illness or accident and if different from above, please contact:

_____
Name Address Phone

SPECIAL NOTE TO PARENTS/GUARDIANS:
(1) **ALL** drugs must be registered on this form; (2) **ALL** drugs, 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 **NO** special problems that the staff should be aware of and **NO** drugs are required on this trip; (4) if any medication or drugs are to be taken by student, list them here:
Name of drug and reason:
_____
_____
If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.