

JCS Academy Field Trip/Student Activity Authorization Form

Required parent authorization for student participating in a field trip excursion or academy activity.

Activity Name	Location	Date	Time	Cost
SAN DIEGO STATE UNIVERSITY - Science Lab Tour and Activity AND Tour of SDSU Campus	San Diego State University	TUESDAY, APRIL 3, 2018	9:30 am - 2:00 pm	NONE

Transportation:

Transportation will NOT be provided by JCS. Students need to be dropped off at SDSU in front of Viejas Arena. There is a drive way for parents to pull out of, without having to stop in traffic. Students MUST bring a sack lunch for the day.

The following student has permission to participate in this activity:

Student Name: _____

Emergency Contact Information (During hours of Event/Class):

Parent or Guardian will be accompanying student on the event Yes No N/A

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

List a neighbor/relative or friend that has permission to pick-up your child in the event parents can't be reached.

Name _____ Relationship to Student _____ Phone _____

Check here if there are any special medical problems for the staff to be aware of and/or medications to administer during the course of this activity and provide additional details on the back of this form.

All prescriptions, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff. All medication must be listed below with physician's written instructions on dispensing:

Consent to Treat

Please INITIAL your consent in the event of accident or emergency.

_____ In the event of an accident or emergency, I do hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical /hospital care, including necessary transportation. I further authorize the physician named below to undertake whatever x-ray examination, anesthetic, medical, surgical treatment and hospital care considered necessary for my child as he/she considers necessary. In the event that said Physician is not available, I authorize such care and treatment to be performed by a licensed Physician or surgeon. **I FULLY UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL COSTS INCURRED BY EMERGENCY TREATMENT SERVICES, INCLUDING AMBULANCE OR EMERGENCY TRANSPORTATION.**

Physicians Name _____ Phone _____

Medical Insurance or HMO _____ Policy # _____

Ed. Code Sec. 35330 states that "All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district or the State of California for injury, accident, illness, or death occurring or by reason of the field trip or excursion. All parents or guardians of pupils taking out of state field trips or excursions shall sign a statement waiving such claims. My signature on this form shall constitute an informed and knowing waiver as required by law.

Signature of Parent/Guardian _____ Date _____