

## ETIWANDA SCHOOL DISTRICT ()

| ( | Enwanda  |       |             | NSENT FOR    |            |              |              |               |             |           |
|---|----------|-------|-------------|--------------|------------|--------------|--------------|---------------|-------------|-----------|
|   | -        | REL   | EASE AND    | WAIVER O     | F LIABIL   | ITY AND      | INDEMNIT     | Y AGREEN      | MENT (Pag   | ge 1 of 2 |
|   | √ Please | note: | Three signa | tures are re | quired and | initials for | r Student He | ealth History | y are requi | red.      |

California Education Code section 35330(d): "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. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

| School   | Teacher   |  |   | Date of Field Trip  |  |  |  |  |
|--|---|--|---|---|--|--|--|--|
| Field Trip Destination   |   | Location   | of Destination  |   |  |  |  |  |
|  |   |  |   |   |  |  |  |  |
| Student's Name   | Last  | First  | Middle  | Grade   |  |  |  |  |
|  | Last  | First  | Middle  |   |  |  |  |  |
| Address  |   |  | Phon  | ne  |  |  |  |  |
| Number/Stree   | et City   | Zip  |   |   |  |  |  |  |
| Parent/Guardian Name   |   |  | Pho   | one   |  |  |  |  |
| Employer   |   |  | Pho   | one   |  |  |  |  |
| Name   |   | City   |   |   |  |  |  |  |
| Parent/Guardian Name   |   |  | Pho   | one   |  |  |  |  |
| Employer Name  | <u> </u>  | City   | PIIC  | one   |  |  |  |  |
| EMERGENCY Contacts   | 1   | •  | Pho   | one   |  |  |  |  |
| (If unable to reach parent)  |   |  |   |   |  |  |  |  |
| 1  | 2. Nam  | es/Relationships   |   |   |  |  |  |  |
| Doctor's Name  |   |  | Pho   | ne  |  |  |  |  |
| Name of Medical Insurance  |   |  | Pho   | one   |  |  |  |  |
|  |   |  |   | ate   |  |  |  |  |
|  |   |  |   | olunteers, to transport students on<br>sport his/her own child to and from  |  |  |  |  |
| FIELD TRII   | P RELEASE AND W   | AIVER OF LIABILITY   | Y AND INDEMNI   | ΓY AGREEMENT  |  |  |  |  |
| By signing below, I give my c  | consent to have my child  |  |   | voluntarily attend this field trip.   |  |  |  |  |
| I understand that this field t<br>alternative activity will be pro<br>1. THE UNDERSIGNED I<br>DISTRICT, its officers, of | rip is not a required active ovided at the school site if not HEREBY RELEASES, Waterployees, board members. | ity of my child's class. While<br>ny child does not attend this fie<br>AIVES, DISCHARGES AND<br>, and agents (herein referred to | e field trip attendance i<br>ld trip.<br>COVENANTS NOT To<br>as "releasees") from all | voluntarily attend this field trip. is encouraged, it is not required. An O SUE THE ETIWANDA SCHOOL liability to my son/daughter/ward, the ny claim or demands therefore on the |  |  |  |  |

trip or excursion that is sponsored, planned or directed by the Etiwanda School District. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in a field trip or excursion that is sponsored, planned or directed by the Etiwanda School District.

account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in a field

- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter/ward is participating in a field trip or excursion, sponsored, planned and directed by the Etiwanda School District; and
- 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.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

| $\sqrt{}$ |                                 |      |
|-----------|---------------------------------|------|
| ٧         | Signature of Parent or Guardian | Date |



## ETIWANDA SCHOOL DISTRICT PARENT CONSENT FOR CHILD'S VOLUNTARY FIELD TRIP PARTICIPATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (Page 2 of 2)

| As         | a parent/guardian of  |  |                                  |  | , I understand that the l   | Etiwanda                           | School                      | l District does no   | ot provide   |
|------------|---|--|----------------------------------|--|---|------------------------------------|-----------------------------|--|--------------|
| med        | lical insurance for student injuries b  I will enroll my child in the v contacting Myers-Stevens &  | oluntary stu                             | dent insu                        | rance program by                                       | I will <u>not</u> enroll my c<br>program.                                 |                                    |                             |  |              |
|            | Signed  | Toolicy & C                              | o. mc. at                        | (800) 827-4073.  | <u> </u>  | ate                                |                             |  |              |
|            | STUDEN  | NT HEAI                                  | TH HIS                           | STORY FOR F  | IELD TRIP PARTI   | [CIPA]                             | ΓΙΟΝ                        |  |              |
| Stu        | dent's Name   |  |                                  |  |   |                                    |                             | DOB  |              |
|            | Last  | F  | ïrst                             | Middle   |   |                                    |                             |  |              |
|            | Please circle Yes or No. If   |  |                                  |  |   |                                    |                             |  |              |
| 1.         | Has your child been exposed to  |  |                                  |  | thin the past 21 days?  | Yes                                | No                          |  |              |
| 2.         | Does your child have any of th  |  |                                  |  | <b>TT</b> • ( )   | <b>X</b> 7                         |                             |  |              |
|            | a. Chronic or recurring illness   | Yes                                      |                                  |  | g. Hernia (rupture)   | Yes                                | No                          |  |              |
|            | b. Recent broken bones  | Yes                                      |                                  |  | n. Seizures (Epilepsy)<br>. Diabetes                                      | Yes                                | No                          |  |              |
|            | c. Asthma   | Yes                                      |                                  | -  |   | Yes                                | No                          |  |              |
|            | d. Heart disease  | Yes                                      |                                  |  | . Operations c. Serious injuries  | Yes<br>Yes                         | No                          |  |              |
|            | e. Hay fever<br>f. Fainting spells  | Yes<br>Yes                               | No                               |  | . Other   | Yes                                | No<br>No                    | -  |              |
| 3.         | Date of most recent <b>Tetanus</b> sl   |  | NO                               |  | . Other   | 168                                | 110                         |  |              |
| <i>3</i> . | Does your child have any drug   |  | llergies?                        | (Insect hites or sti                                   | ngs nenicillin nlants t   | foods et                           | tc)                         | Yes No   |              |
| ••         | Does your china have any arag   | or other a                               | ireigies.                        | (Insect offer of str                                   | ings, peinemin, piants, i   | 10005, 01                          |                             | 105 110  |              |
| 5.         | Does your child take any medic<br>prescribing physician   |  |                                  |  | s, please list type of medic  |                                    |                             |  |              |
| 6.         | If you have any concerns regardave a physical examination.  | rding you                                | child's                          | physical ability to                                    | participate in this act   | ivity, it                          | is adv                      | isable for your  | child to     |
| 7. √       | If your child takes any medical<br>Administration of Medication<br>medication and the physician's<br>prescribing physician, and any<br>Please initial indicating you have | form, as re<br>s specific d<br>other med | equired by irections ical instru | y district policy a concerning admi uctions. If you ne | nd state law. Along with nistration and dosage, ead this form, please con | th the for<br>emergen<br>stact the | orm, an<br>cy con<br>school | adult must protect adult must pr | ovide the    |
|            | FIELD TRIP RELEASE (  | OF LIAB                                  | ILITY A                          | AND CONSEN   | T TO EMERGENC   | Y MEI                              | DICA                        | L TREATM   | ENT          |
|            | above health history is correct so vities. Except as noted by me, my cl   |  |                                  |  | my permission for my so   | n/daught                           | er/ward                     | to engage in al  | ll described |
| I (v       | ve) the undersigned parent, parents,  | or legal gua                             | ardian of _                      |  |   |                                    | , a mi                      | nor, do hereby o   | consent that |
| he/s       | she be permitted to attend (event) _e, do hereby authorize and consent  |  |                                  |  | on (date) _   |                                    |                             | and shou   | ld the need  |
| aris       | e, do hereby authorize and consent  | to any x-ray                             | , examina                        | ation, anesthetic, me                                  | edical or surgical diagnos  | is and tre                         | eatment                     | rendered under   | the general  |
|            | special supervision of any member nsed under the provisions of the De   |  |                                  |  |   |                                    |                             |  |              |
|            | lic Health. It is understood that this  |  |                                  |  |   |                                    |                             |  |              |
|            | en to provide authority and power to  |  |                                  |  |   |                                    |                             |  |              |
|            | nderstood that an effort shall be ma  |  |                                  |  |   |                                    |                             |  |              |
|            | not be withheld if the undersigned rendered and will reimburse the Et   |  |                                  |  |   |                                    |                             |  |              |
|            | horization is given pursuant to Calif   |  |                                  |  |   |                                    |                             |  | waru. 11118  |
| In o       | order that my son/daughter/ward ma  | ay receive t                             | he necess                        | ary medical treatme                                    | -   |                                    |                             |  | Etiwanda     |
| Ple        | ase note: Donations to cover the connation is not made.   |  |                                  | -  | e voluntary and no studer   | nt will be                         | denied                      | l participation ir   | ı field trip |
|            |   |  |                                  |  |   |                                    |                             |  |              |
|            |   |  |                                  |  |   |                                    |                             |  |              |
| l '        | Signature of Parent or Guard  | lian                                     |                                  |  |   |                                    |                             | Date   |              |