

BUTTE COUNTY OFFICE OF EDUCATION
Parent Permission Form
Field Trip/Excursion and Medical Authorization - Minor
Field Trips & Activities

_____ has my permission to participate in the activities listed below.
(Childs Name)

I fully understand the following:

- 1. Participation in after school activities is voluntary.
2. I may revoke this authorization at any time by notifying BCOE in writing.
3. Revocation is not effective until receipt is acknowledged by BCOE.

As stated in California Education Code Section 35330:

“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 any injury, illness, or death occurring during or by reason of the field trip or excursion.”

Activity - Destination Location Departure Date/Time

_____ Return Date/Time

Consent to Transport

In Accordance with Education Code 35350, my signature gives permission to transport (if applicable)

0 School Employees 0 Volunteers 0 Other: _____

Consent to Treat

In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

A special note to parents/guardians in accordance with Education Code §49423:

- 0 Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
0 All medications must be registered on this form with a physician’s written instructions on dispensing.

0 All prescriptions, excepting those which must be kept on the student’s person for emergency use, must be kept and distributed by the staff.

0 Check here if no blood transfusions or blood products are to be given. Initial: _____

If your son or daughter has a special medical problem, please attach a description of that problem to this sheet.

The undersigned agrees to defend, indemnify and hold harmless the Butte County Office of Education, its Board of Trustees, officers, agents, and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused to the undersigned’s person.

Signature of Parent or Legal Guardian

Date

Address where parent will be during field trip

Phone where parent can be reached during field trip

Health Insurance Company/MEDI-CAL

Policy Number