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

I fully understand hat 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 violetion or unfulfilling of these behavior standards will be sent hem at the parents' expense that any child determined to be in violetion or unfulfilling of these behavior standards will be sent hem at the parents' expense in collectively refer ad to as "District" if 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, susts, or judgments of any early kind that I, riy helis, 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 I ospital care from a licensed physician and for surgeon as deemed necessary for the safety and welfare of my child. It is underst oot that the resulting expenses will be the responsibility of the parent(s) or participant.  Signature of Parcint or Guardian  Signature of Student  Address  Date  Phone Number  Health Insurance Company  Policy Number  In the event of ill hess or accident and if different from above, please contact:  Name  Address  Phone  SPECIAL NOTE TO PARENTS/GUARDIANS:  (1) All drugs must be kept and distributed by the staff; (3)	Name of School FIQZQ	Vista School	
This trip is to be held from	I hereby give my permssion for my child,		, to participate in the
I fully understand hat 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 (here in collectively refer ad 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, ry heirs, executors, administrators or assignees may have against the District secuses 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 liness or injury, I hereby consent to whatever X-ray, examination, enesthetic, medical, dental or surgical diagnosis or treatment and 1 aspital care from a licensed physician and /or surgeon as deemed necessary for the safety and welfare of my child. It is understated that the resulting expenses will be the responsibility of the parent(s) or participant.  800259 8/86  Signature of Parent or Guardian  Signature of Student  Address  Date  Phone Number  Health Insurance Company  Policy Number  In the event of ill less or accident and if different from above, please contact:  Name  Address  Phone  SPECIAL NOTE 10 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 emerging uncy use, must be kept and distributed by the staff; (3)		field trip as a part of his/	her regular school program.
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	Name of drug and reason:		

If your son or dai ghter has a special medical problem, kindly attach a description of that problem to this sheet.