

**Palm Springs Unified School District**  
**Voluntary Field Trip Notice**  
**And Medical Authorization**

Dear Parent/Guardian,

Please complete and return to: **Mr. Gaylord - RMHS Director of Bands.**

My son/daughter \_\_\_\_\_ has my permission to participate in the following voluntary activity.

Destination: **All RMHS Marching Band Events for the 2017-18 School Year**

Departure Date & Time: **TBA** Return Date & Time: **TBA**

Transportation: School Bus \_\_\_\_\_ School/Employee automobile: \_\_\_\_\_

In the event of illness or injury, I give my 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 physician, surgeon, 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.

As stated in California Education Code Section 35330, I understand that I hold the Palm Springs Unified School District its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

- (1) If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.
- (2) \_\_\_\_\_ Check here if any medication(s) is required on this trip.
- (3) Medication(s) must be registered on this form and must have prior physician authorization (obtained at school); please list here name of medication(s) and reason \_\_\_\_\_.
- (4) All medications must be kept and distributed by staff, excepting those which must be kept on the student's person for emergency use and with prior authorization only.