

Burbank Unified School District

PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION

(To be completed by parent, guardian, or caregiver)

Please complete and return this form to the supervising teacher of the field trip/activity. No pupil will be permitted to participate in this activity without this form on file.

Pupil's Name (print), Date of Birth, Pupil at John Burroughs High School, School, 2019-2020 School Year

has my permission to participate in the following: Activity: All Band Events
Destination: Various JBHSIMA Events Method of Transportation: Bus, Private Vehicle*, Walking
Departure Date & Time: Various Return Date & Time: Various
Departure Location: John Burroughs High School Return Location: John Burroughs High School

* Private vehicle drivers will have provided all appropriate documentation including driver registration information, vehicle information, insurance information, driver statement, and will have been approved by the District. This permission slip enables only school district approved adult drivers to transport students. Students are not allowed to be transported to band events by other students.

MEDICAL AUTHORIZATION

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

- 1. 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.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatments and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the Burbank Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation of our (my) child/ward in any activities covered by this permission slip.
5. Our (My) child/ward has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

A special note to Parent/Guardian/Caregiver:

- 1. All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medications prescribed by a physician for your child/ward must be kept and administered by District staff.
Check here if your child/ward has a special medical or physical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
3. List any medication that your child/ward must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication:

Table with 3 columns: Name of medication, Dosage, Reasons(s)

- 1. My child/ward is allergic to the following medications:
2. My child/ward is allergic to the following foods, materials, etc.:
3. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.

I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.

Address: Phone No: (where I can be reached during this activity)

Emergency/contact if I cannot be reached Their Name Their Phone No.

Pupil's Medical Insurance Carrier Policy Number Address

Parent/Guardian/Caregiver (please print) Signature Date

Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.

NON-PRESCRIPTION MEDICAL AUTHORIZATION 2019-2020

If you would like your student to be able to take non-prescription medications, please fill out the section below and return this form. Please make sure that any non-prescription medications authorized for your student have been taken beforehand so that there is no possibility of an adverse reaction. ***Please note that if you do not authorize the use of any over-the-counter medication, we cannot administer anything to your child.***

Student Name: _____

I authorize the administration of ANY non-prescription medications: YES NO

Exceptions: _____

*All prescription medications and non-prescription medications **MUST** be given to the **IMA Nurse** in the morning on the day of departure in the original prescription bottle with instructions and in a plastic bag with the student's name on it and listed on the **Burbank Unified School District Form**.*

****PRESCRIPTION MEDICATION and/or DIETARY ALLERGIES: See Burbank Unified School District Field Trip Permission and Medication Authorization Form****

Parent/Guardian: (please print)

Phone # where you can be reached during Event

Parent/Guardian: (signature)

Date: