

**CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Name of School: ONTARIO HS _____

_____ has permission to participate in

Student's Name

Ontario High Entertainment Corps on Fall 2018 to Spring 2019

Name of Activity

Date/Time

Date/Time

DISTRICT TRANSPORTATION IS PROVIDED: YES NO

Notice Concerning Private or Hired Vehicles: Owners, drivers and passengers furnishing, driving or riding in private vehicles should be aware that the registered owner and/or the owner's insurance company are responsible for injuries, death and/or property damages resulting from the use of such vehicles. Owners furnishing private vehicles for field trips should not accept reimbursement from passengers in excess of the cost of operation of such vehicle. Acceptance of reimbursement in excess of costs could bring the operation of said vehicles under laws, rules and regulations controlling vehicles "for hire". The number of passengers, including the driver, riding in a private vehicle while transporting to and from a school related activity must never exceed the rated capacity of the vehicle and must not exceed ten (10). The transporting of more than ten (10) requires special licensing and training. [VC 545 (a)-(k)]

Health or special needs: Check as appropriate

- My child has no special health needs the staff should be aware of and no medication is required on the trip.
- My child has a special need and instructions are attached. Number of attached pages: _____
- Other:

I understand that the District does not provide student illness or injury insurance. 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 and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Chaffey Joint Union High School District (District) and hold the 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. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Print Parent/Guardian Name

Parent/Guardian Signature

Work Phone Home Phone

Date

Family Medical Insurance Provider

Policy Number

In the event of an emergency, please contact:

Name Relationship

Home Phone Cell Phone