

**DUBLIN UNIFIED SCHOOL DISTRICT
DUBLIN HIGH SCHOOL MUSIC DEPARTMENT FIELD TRIP AUTHORIZATION**

Parent/Legal Guardian Approval

As state in the California Education Cod Section 35330, I understand that I hold the Dublin 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 the Dublin High School Music Department Activities.

FIELD TRIP REGULATIONS

1. Students shall obey all transportation rules while on the trip (including return to school by the same form of transportation as departure).
2. Students shall observe all rules established by the sponsor while attending the trip.
3. Students may be denied future field trips and be sent home, at the parent's expense, if field trip rules are not observed.
4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip.
5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as transporting this information on the field trip.

Signature of Parent/Legal Guardian: _____ Date: _____

EMERGENCY MEDICAL INFORMATION

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 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.

Student's Name: _____

Name of Parent/Legal Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name of relative: _____ Relation _____ Phone: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medical insurance company: _____ Group or coverage number: _____

A special note to parents/legal guardians:

1. All drugs must be registered on this form.
2. All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by staff.
3. Check this box if there are **NO** special problems that the staff should be aware of and no drugs are required on the trip.
4. If any medication or drugs are to be taken by the student, list them here: *Name of drug & reason* _____
5. If your child has a special medical problem, please attach a description of that problem to this sheet.

Signature of Parent/Legal Guardian _____ **Date:** _____