



NEVADA UNION HIGH SCHOOL
FIELD TRIP PERMISSION FORM
PARENT PERMISSION / ZERO TOLERANCE / MEDICAL FORM

STUDENT NAME: \_\_\_\_\_ ID NUMBER \_\_\_\_\_

FIELD TRIP INFORMATION:

DATE(S) OF TRIP: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

TRIP SUPERVISOR: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

ZERO TOLERANCE:

The District's "Zero Tolerance" policy will apply and be enforced during the entire period of the trip activity. By signing this document, you are acknowledging to promise to abide by the terms of the Zero Tolerance policy #35291 established by the Nevada Joint Union High School District .

MEDICAL/INSURANCE INFORMATION:

Medications:

All medications the student must take during this field trip must be approved by the nurse's office a minimum of one week prior to the trip. Approval requires a written M.D. authorization even if the medicine is self-administered or an over-the-counter drug. Some of these medications (i.e. controlled substances) will need to be administered by a staff member.

List all medications the student is taking: \_\_\_\_\_

Student Insurance Information:

NAME OF INSURANCE CARRIER: \_\_\_\_\_ POLICY/ID # \_\_\_\_\_ )

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I understand that the school does not assume responsibility for student injuries but does make available voluntary purchase, student accident insurance through Meyers-Stevens Insurance. \_\_\_\_\_ I will enroll my child in the program (Information available on request)

\_\_\_\_\_ I choose not to enroll my child in the program

CONSENT TO TREAT:

I (we) the undersigned parent(s) or legal guardian of the above-named student, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made, to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Should any responsible school representative be unable to contact the undersigned after a reasonable attempt has been made, the undersigned does hereby delegate to the responsible school representative the right to authorize medical or surgical care that is considered essential.

THIS HEALTH INFORMATION WILL BE PROVIDED TO MEDICAL CARE PERSONNEL IN CASE OF AN EMERGENCY DURING A FIELD TRIP:

Birth Date: \_\_\_\_-\_\_\_\_-\_\_\_\_ Last Tetanus or Tdap: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please be aware that California Education Code 35330 provides in part that 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.

My student and I have read the Parent Permission and Zero Tolerance policies and understand the responsibilities to participate in this activity. My student and I understand if any of the rules and regulations are broken, my student will be immediately expelled from the activity at our own expense, and he/she will be disciplined the first day the chaperones return to school. My student and I also understand that without this form completed and signed, my student, without exception, will not be allowed to participate in this activity.

SEE REVERSE SIDE FOR RULES AND REGULATIONS

Student Signature

Date

Parent's Signature

Date

OVER ->

Field trips are a school activity and students are subject to all school rules and regulations. I understand that my student assumes full responsibility for his/her own actions and shares responsibility for the group's actions. My student and I further understand that my student must abide by all rules and regulations set by the School Board for the Nevada Joint Union High School District, the school and the trip chaperones. If any of the school rules, field trip rules, or district rules are broken, the participant will be held accountable and will be sent home at his or her expense.

**Some of the rules and regulations, (but not limited to the following) which are to be adhered to by your student at all times while on the trip:**

- **Alcohol and Drugs:** Absolutely no alcohol or drug use will be tolerated under any circumstances during the trip activity. Alcohol and controlled substances are illegal and are not permitted at any time during any school-sponsored activity. If your student is found under the influence, or in possession of alcohol or drugs, he/she will be immediately expelled from the activity. The chaperones will write your student's referral when they return to school. The consequences will follow the Nevada Joint Union High School District Policy found in the student's handbook which can be found online at [www.njuhsd.com](http://www.njuhsd.com).
- **Participants must stay with the group at all times.**
- **Unacceptable conduct:** Rowdiness, fighting, damaging property, foul language, any illegal act including shoplifting or stealing, and not following chaperones' rules. The consequences and punishment will be the same as outlined in the student handbook which can be found online at [www.njuhsd.com](http://www.njuhsd.com).
- **Appropriate dress code** established by the student handbook which can be found online at [www.njuhsd.com](http://www.njuhsd.com).

## ACTIVITY/FIELD TRIP NOTIFICATION TO TEACHERS

**Students: please have your teachers sign acknowledging you will be missing class(es).**

**Field trip advisor:**

**Name of student:**

**Will be attending (activity):**

**Date of activity:**

**Time:**

***Students participating are doing so as part of extended class activities. Please acknowledge the student's absence by signing in the appropriate space below. Thank you.***

**1<sup>st</sup> period:**

**2<sup>nd</sup> period:**

**3<sup>rd</sup> period:**

**4<sup>th</sup> period:**

**5<sup>th</sup> period:**

**6<sup>th</sup> period:**