



MURRIETA VALLEY UNIFIED SCHOOL DISTRICT

STUDENT - VOLUNTARY FIELD TRIP PERMISSION & MEDICAL AUTHORIZATION

To be completed by parent/guardian or student 18+ years old at the time of trip

Parent/Guardian: Complete and return this form to Mr. Marroquin
(teacher/person in charge of trip)

I hereby authorize (student's name) _____ to participate in the following:

Activity: All Band/Guard Field Trips, Competitions, and Destination: Various
Activities

Departure Date/Time: 2026-2027 School Year Return Date/Time: 2026-2027 School Year

Mode of Transportation: School buses; in certain circumstances when district transport is unavailable, the distance traveled is short, or there is a limited student count, Parent Carpool is used.

It is extremely important to be aware of any medical condition/problem and/or medications a student is required to take when going on a field trip. Please list any medical conditions and/or medications:

Medical Condition/Severe Allergies _____

Treatment/Limitations _____

Any student who needs to take medication while on a field trip **MUST** have written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff member must keep the medication with them at all times unless previous arrangements have been made (i.e.: student has written permission on file to carry medication, such as an asthma inhaler).

Does your student require medication while on this trip? YES NO (circle one)

If YES, is a physician authorization form on file in the health office? YES NO (circle one)

Name of Medication: _____

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 judgement 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 waive all claims against the Murrieta Valley Unified School District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

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 and/or being barred from future field trips.

Parent/Guardian Signature: _____

Date: _____

Address: _____

Phone: _____

Student's Date of Birth: _____

Medical Insurance Carrier: _____

Subscriber's ID: _____

Emergency Contact: _____

Phone: _____