



**NEVADA JOINT UNION HIGH SCHOOL DISTRICT  
FIELD TRIP PERMISSION FORM  
PARENT PERMISSION AND ZERO TOLERANCE & MEDICAL FORM**

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

**FIELD TRIP INFORMATION:**

SCHOOL SITE:  Nevada Union  Bear River  Silver Springs  Sierra Mtn.  NU Tech  Ghidotti  
 DATE OF TRIP: <sup>Various</sup> 9/30/14 to 5/31/15 NATURE/DESTINATION OF TRIP: Debate Tournaments (see attached)  
 TRIP SUPERVISOR: Judith Hill-Weld DEPARTURE TIME: Varied RETURN TIME: Varied

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

**ZERO TOLERANCE:**

The District's "Zero Tolerance" policy will apply and be enforced during the entire period of the trip activity and by signing this document you are acknowledging to promise to abide by the terms of the Zero Tolerance policy #5144 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 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 Ins. \_\_\_\_\_ 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 minor, 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 do (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 \_\_\_\_\_