



Please Print :

Student ID# \_\_\_\_\_

# RIVERSIDE UNIFIED SCHOOL DISTRICT CONSENT FORM FOR FIELD TRIP

Please return this form to your child's school signed by the parent or guardian.

To the Parent or Legal Guardian of: Student's Name \_\_\_\_\_

Teacher/Designee in Charge: Jensen

Single Date: 5/21/2020 Time Leaving: 8:30 Time Returning: 4:15

Multiple Date/s: \_\_\_\_\_ Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Destination: Fiesta Village 8th Gr. Picnic

Instructional Focus: \_\_\_\_\_

Transportation:  Walk  School Bus  Alternative Transportation (must fill out form 26-9050b Hold Harmless-Waiver) Other \_\_\_\_\_

Student will be returned to their school and must be picked up by an adult named on the student's emergency card, if they return after school hours.

*Riverside USD does not provide medical insurance for students for school related injuries. On any occasion where student emergency medical care is deemed necessary, Parent/Guardian herein authorizes such emergency transportation and/or medical attention as may be required. Further, Parent/Guardian agrees to defend, indemnify and hold harmless the Riverside Unified School District, the Board of Trustees, the individual members thereof, and all District officers, staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of participation in the field study trip and any medical or dental treatment which may be rendered to minor child student. Parent/Guardian agrees to assume the financial responsibility for such care as the treating doctor may consider necessary. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the district, its employees or agents.*

THE INFORMATION IN THIS SECTION MUST BE FILLED OUT AND RETURNED TO THE SCHOOL TWO (2) WEEKS PRIOR TO THE FIELD TRIP. NO PERMISSION FOR PARTICIPATING IN A FIELD TRIP CAN BE GRANTED OVER THE TELEPHONE. Students requiring medication while on the field trip must have a CURRENT medication order on file at school. If there is not a CURRENT medication order, please have your child's physician complete 26-9050a Medication Order and return completed form to school at least two (2) weeks prior to field trip.

Name of medication: \_\_\_\_\_ When and how often taken: \_\_\_\_\_ Dosage amount: \_\_\_\_\_

### Health information:

Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? \_\_\_\_\_

Please add information that you feel we need to know about your child's health: \_\_\_\_\_

List any known allergies to insects, food, medicines, other \_\_\_\_\_

Does your child have an Epi-pen?  Yes  No Does he/she have parent/physician authorization to self administer?  Yes  No

Does your child have an Inhaler for Asthma?  Yes  No Does he/she have parent/physician authorization to self administer?  Yes  No

In case of emergency, if I, the parent, cannot be reached at \_\_\_\_\_ (Home phone) or \_\_\_\_\_ (Cell phone/Work phone)

Please contact: \_\_\_\_\_ at \_\_\_\_\_

I accept the conditions described on this form and give my consent for my son/daughter to participate in the field trip.

\_\_\_\_\_  
(Parent/Guardian Signature) Date: \_\_\_\_\_

Original – School Yellow – Teacher Pink – Parent/Guardian

*\$30.- Payable to AEMS*