Parent of: _____

FREMONT UNION HIGH SCHOOL DISTRICT

Volunteer Adult Field Trip Waiver Notice
and Medical Authorization

PARTICIPANT'S NAME: _____
(Please Print)

SCHOOL SITE: Lynbrook High School

DISTRICT GROUP INVOLVED: Lynbrook Instrumental Music Boosters

DISTRICT PERSON IN CHARGE: Michael Pakaluk

DESTINATION: TBD within California

DATE(s): Aug. 2018 - June 2019 DEPARTURE TIME: TBD Return Time: TBD

As stated in California Education Code Section 35330, I understand that I hold the **Fremont Union High School District**, its officers, employees and agents harmless from all liability and claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

_____
Participant's Signature Date

_____
Address Telephone

_____
Medical Insurance Carrier Policy Number

In the event of illness or accident, please notify:

EMERGENCY CONTACT: _____
Name (Please Print) Telephone

If there are any special medical problems that the District should be aware of, please attach a description of the problem to this form. Thank you.

Distribution: White: Staff/Trip Pink: School Yellow: Volunteer