

**East Side Union High School District**  
**Department of Insurance and Risk Management**  
830 North Capitol Avenue  
San Jose, CA 95133  
(408) 347-5000

**FIELD TRIP AUTHORIZATION & RELEASE**

Dear Parent/Guardian:

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

has my permission to participate in the activity shown below.

Date: _____	
Meeting Place: _____	
Time of Departure: _____	Time Returning: _____
Transportation Provided By:	
School Transportation: _____ Yes      _____ No	
Voluntary Drivers: _____ Yes      _____ No	(Personal Vehicle Use Form Needs to be Completed)

I am aware that during any trip or excursion injury or death may occur from hazards, including but not limited to, hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting Participant to participate in the above activity with the knowledge of the damages involved and I agree to accept any and all risks of injury or death.

**Parent/Guardian please initial here:** \_\_\_\_\_

In consideration of Participant's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **East Side Union High School District, its officers, agents or employees** for injury, death or property damages arising from Participant's participation in the activity described above.

In addition, I release and discharge the **East Side Union High School District, its officers, agents and employees** from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury, death or property damage resulting from Participant's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, \_\_\_\_\_ (**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/WARD AND REPRESENT THAT MY CHILD/WARD UNDERSTANDS THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

**If Participant is under the age of 18:**

Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_

Parent/Legal Guardian's Home Telephone No.: \_\_\_\_\_

Work: \_\_\_\_\_

**MEDICAL AUTHORIZATION-** The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the **EAST SIDE UNION HIGH SCHOOL DISTRICT** to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless East Side Union High School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Participant's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**TRAVEL OUTSIDE THE UNITED STATES:** All field trips involving travel outside the United States are required to purchase trip cancellation insurance.

\_\_\_\_\_  
**Parent/Guardian of Child Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian of Child Participant**

\_\_\_\_\_  
**Date**

Please list any allergies or special medical conditions of Participant:

\_\_\_\_\_  
\_\_\_\_\_

**TEACHER ACKNOWLEDGEMENT: (Signature and Date)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

