

Snowline Joint Unified School District

Parent Consent For Field Trip Participation and Authorization for Medical Treatment

School Name: Serrano High School Teacher's Name: Danny Minick

Field Trip Destination: Band/Guard Trips Date: 2025/2026 Season

Student Name: _____ Grade: _____ Birth Date: _____

I (we) the undersigned parent, parents, or legal guardian of _____, do hereby request that he/she be permitted to attend **Band/Guard Trips** on **25/26 Season**. In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize and consent to any x-ray, examination, anesthetic medical, dental or surgical diagnosis and treatment rendered by a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that effort shall be made to contact parent/guardian cannot be reached. I understand and acknowledge that as provided in Education Code Section 35330, by consenting to allow my child to participate in this field trip I shall, by law, be deemed to have given up all claims against the Snowline Joint Unified School District, its officers, and employees for any injury, accident, illness, or death occurring during or by reason of the field trip. I understand that the school district does not provide student accident insurance.

(Chaffey HS - 10/4. Citrus Valley HS - 10/11. RCC - 10/18. San Geronio HS - 11/1. Colony HS - 11/15. Irvine HS - 11/22)

Signature of Parent or Guardian

Date

Emergency Contact Information

Mother/Guardian Name: _____ Phone: _____

Father/Guardian Name: _____ Phone: _____

Name of Medical Insurance Carrier: _____ Policy Number: _____

Health Information

____ My child has no health problems

____ My child has the following health problems: _____

Please attach instructions if additional or specific care is needed for your child on the field trip.

____ My child will not need medication during this trip

____ My child will need medication during trip hours

Medication Name: _____

____ Please use the medication currently in the Health Office (School Assisted Medication form already on file in the Health Office)

____ I will provide the medication to be used on this trip (Complete and return School Assisted Medication from prior to day of field trip.) For your convenience, these forms can be located at <https://www.snowlineschools.com/apps/pages/healthservices>

Medication includes prescribed, over-the-counter, and supplemental medications that are either daily medications, as needed medications, and/or emergency medications. As required by district policy and state law (Cal Ed. Code Section 49423), a Parental Consent for Administration of Medication Form and appropriate directions from your physician concerning administration of medication must be on file in the school health office if medication is to be administered during a field trip. Students needing medication administration without proper medication forms on file in advance **WILL NOT** be permitted to attend the field trip.