

**ARCADIA UNIFIED SCHOOL DISTRICT**  
**VOLUNTARY EXCURSION/FIELD TRIP WAIVER, AND MEDICAL AUTHORIZATION FORM**  
(MINOR)



Attention Parent(s)/Guardian(s):

Please complete and return this form to the organizer of the trip.

Please complete the form below if you wish your child to participate in the upcoming activity(ies).

Highlander String Orchestra

Mr. Karl Morton

(626) 821-8363

**ORGANIZATION**

**Organizer Name**

**Organizer Number**

(Please specify if Class)

kmorton@ausd.net

**Organizer E-mail**

**Activity Name:** Fall String Concert

**Description:**  
(Special Instructions from Organizer)

The Highlander String Orchestra will perform in the Arcadia High School Performing Arts Center on 10-14-22. The concert features 7 orchestras and runs from 7:00 - 9:45pm

**Travelling By:**  School Bus  Private Auto  Foot (Walking)  Other : \_\_\_\_\_

Arcadia High School

Departure Date

Return Date

Departure Time

Return Time

Destination

Male

Female

Student Last Name

Student First Name

Student Date of Birth\*

Gender

Class of

ID #:

Parent (1) Last Name\*

Parent (1) First Name\*

Parent (1)Phone #1\*

Parent (1) Phone #2\*

Street Address

City

State

Zip

Emergency Contact Last Name\*

Emergency Contact First Name\*

Emergency Contact Phone #1\*

Emergency Phone #2\*

Family Physician Name

Family Physician Phone

Insurance Company Name\*

Insurance Certificate #/Group#\*

**Health Needs: (Initial one of the following)**

My student has no special health needs the staff should be aware of and no medication is required on this trip.

My student has the following special health need(s):

My student will require the following medication:  
(list medications here with directions for administration)

**The above named student has my permission to participate in the above named activity(ies)**

- As stated in California Education Code Section 35330, I understand that I hold Arcadia Unified School District, its officers, agents and employees, harmless from any and all liability or claims, individually and collectively, from and against all costs, losses, claims, demands, suits, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, which may arise out of or in connection with my child's participation in this activity. I understand that this is a voluntary trip and that students not participating will be provided with alternate educational experiences at school.
- I am aware that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense.
- In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.
- Parent signature on this form is the school official's authorization to call any reference listed in case of emergency; and also authorizes your son/daughter to be transported to an event and return to school in order to participate in a school program or activity by either school or commercial bus. Special circumstances may require transportation by private automobile driven by teachers or parents.
- I understand this authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

*X*

Student Signature

Date

*X*

Parent (1 or 2) Signature

Date

Required for ALL Students regardless of age

\*Required for trip participation