

**CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT  
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP AND  
ATHLETIC EVENTS: PARENTAL PERMISSION, ASSUMPTION OF RISK, INSURANCE  
REQUIREMENT ACCEPTANCE, AND MEDICAL TREATMENT AUTHORIZATION**

Name of School: \_\_\_\_\_

\_\_\_\_\_ has permission to participate in

Student's Name

on \_\_\_\_\_ to \_\_\_\_\_

Name of Activity

Date/Time

Date/Time

**DISTRICT TRANSPORTATION IS PROVIDED:**  YES  NO

Notice Concerning Private or Hired Vehicles: Owners, drivers and passengers furnishing, driving or riding in private vehicles should be aware that the registered owner and/or the owner's insurance company are responsible for injuries, death and/or property damages resulting from the use of such vehicles. Owners furnishing private vehicles for field trips should not accept reimbursement from passengers in excess of the cost of operation of such vehicle. Acceptance of reimbursement in excess of costs could bring the operation of said vehicles under laws, rules and regulations controlling vehicles "for hire". The number of passengers, including the driver, riding in a private vehicle while transporting to and from a school related activity must never exceed the rated capacity of the vehicle and must not exceed eight (8).

**HEALTH OR SPECIAL NEEDS: CHECK AS APPROPRIATE**

- My child has no special health needs the staff should be aware of and no medication is required on the trip.
- My child has a special need and instructions are attached. Number of attached pages: \_\_\_\_\_
- Other:

I understand that the District does not provide student illness or injury insurance. 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 and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Chaffey Joint Union High School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Under state law, school districts are required to ensure that all students (e.g., school bands, cheerleaders, dance teams) who perform at athletic events have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-300-1506. I understand the requirement to have insurance protection if my student performs at athletic events and will promptly notify my student's school administrator of any coverage lapses or provider changes.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Medical Insurance Provider

\_\_\_\_\_  
Policy Number

**In the event of an emergency, please contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone