



## BULLIS CHARTER SCHOOL

### Voluntary Excursion/Field Trip Notice and Medical Authorization

Dear Parent/Guardian:

Please complete and return this signed form to Bullis Charter School.

Name: \_\_\_\_\_ **HAS / DOES NOT HAVE** (circle one)  
my permission to participate in the following voluntary activity:

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Destination:

Method of Transportation:

Departure date & time:

Return date & time:

In the event of illness or injury, I do hereby consent to whatever X-ray, examination, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the 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.

As stated in California Education Code Section 35330, I understand that I hold Bullis Charter School, its officers, agents and employee's harmless from any and all liability or claims that may arise out of or in connection with my child's participation in this activity.

I fully understand 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 the expense of his/her parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

A special note to Parent/Guardian: (1) All medications must be registered on this form: (2) All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

Check here if there are **no** special problems that the staff should be aware of and no medications are required on the trip.

Check here if any medications are to be taken by this student (Complete additional information below.)

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.