

GLENDALE UNIFIED SCHOOL DISTRICT
SPRING TRIP -- NEW YORK 2017

Permission, Medical Release and Insurance Information Form

I hereby request that my son/daughter _____
a student at Crescenta Valley High School, be permitted to participate in the **New York Spring Trip**
INSTRUMENTAL SPRING TRIP from **Tuesday, March 21 – Friday, March 24, 2017**. It is understood that
he/she will be under the supervision of **CVHS staff and parent chaperones**.

I understand that under Section 35330 of the California Education Code, all persons participating in the activity shall be deemed to have waived all claims against Glendale Unified School District or the State of California for injury, accident, illness or death occurring during this activity.

Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the School District personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that neither the School District nor those directing the event have insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

YOUR SIGNATURE BELOW AUTHORIZES PERMISSION TO SEEK AND ADMINISTER MEDICAL TREATMENT SHOULD THE NEED ARISE, AS OUTLINED ABOVE.

Emergency Contact information: In the event of an emergency, please contact:

Name: _____

Phone: _____

Address: _____

Alternate Phone (if available): _____

☐ ***Please attach a photocopy of your child's insurance card (front and back).***

INSURANCE COMPANY & NUMBER: _____

NAME OF ANY MEDICATIONS: _____

DOSAGE (TIME TAKEN): _____

SPECIAL MEDICAL CONDITIONS (explain): _____

NOTE: Your child will be responsible for administering their own prescription medication.

☐ I do ☐ I do not authorize the dispensing of over the counter medication such as Advil,
Dramamine, Tylenol, Pepto Bismol etc.

Except the following medication: _____

☐ Special dietary needs or allergies: Please explain: _____

I have read this entire form and all the information I have provided is correct and true.

Signed (parent/guardian): _____ **Date:** _____