

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Student's Name (Last) _____ (First) _____ (Middle) _____ (Birthdate) _____

We, the undersigned parents and/or guardian(s) of the above minor, have entrusted such minor into the care of:

from Chaffey Joint Union High School District to various band tournaments for the purpose of taking an educational field trip
and returning May, 20 11 from August, 20 10

In such connection, we authorize such caring adult(s) to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of, a physician and/or surgeon licensed under the provisions of the Medicine Practice Act, or, if in another country or state, under the provisions of law in that country or state, governing the practice of medicine; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act, or, if in another state or country, under the provisions of the law in that state or country governing the practice of medicine.

Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances, within the full discretion, and in the course of the same kind of responsible deliberations as we as such minor's parents and/or guardian(s) would have to consider it. We further authorize such caring adult to arrange for and hire an ambulance or other emergency vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided.

Dated _____

Signature of Parent or Guardian

Witness _____

Signature of Parent or Guardian

Witness _____

Address of Parent or Guardian _____ Emergency Telephone Number _____

Please answer the following statements (circle yes or no)

My child:

1. (Yes No) Has a history of seizures or fainting. Explain _____
2. (Yes No) Is a diabetic and takes insulin. _____
3. (Yes No) Is subject to specific allergies. If Yes, please specify the type of allergy and medicine prescribed: _____
4. (Yes No) Has a medical condition which may affect participation in any activity. If Yes, please explain: _____

HEALTH AND ACCIDENT INSURANCE CARRIER:

Carrier _____ Policy No. _____ Group No. _____

NOTICE CONCERNING FIELD TRIPS

Chaffey Joint Union High School District

Waiver of Claims

California Education Code Section 35330 states that the governing board may:

"Conduct field trips or excursions in connection with courses of instruction or school-related social, educational, cultural, athletic, or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country for pupils enrolled in elementary or secondary schools."

This code section further states that:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

Use of Private Vehicles for Field Trips

Responsibility:

Owners, drivers and passengers furnishing, driving or riding in private vehicles should be aware that under the law the registered owner and/or the owner's insurance company are responsible for accidents resulting from the use of such vehicle.

Reimbursement for Costs:

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."

Number of Passengers:

The number of passengers, including the driver, riding in a private vehicle while on a field trip should never exceed the rated capacity of the vehicle and should not in any case exceed eight (8). The transporting of more than eight could bring the operation of the vehicle under laws, rules and regulations controlling "school busses."

CONSENT TO PARTICIPATE IN FIELD TRIP

We, _____ and _____, hereby certify that we have read and fully understand the above

Notice Concerning Field Trips, and as parents or guardians do hereby give our consent for _____ a minor to participate in school field trips or

excursions from Rancho Cucamonga High School, Chaffey Union High School District, to various locations on various dates from August 20 10 to May 20 11

It is understood that transportation for these trips will be provided by * CJUHSD buses, parent vehicle and/or charter buses

Date _____ 20 _____

Signature of Parent or Guardian

Signature of Parent or Guardian

* Insert above:

- School vehicle
- School bus
- Commercial bus
- Train

- Commercial aircraft
- Private vehicle and owner
- Other, or
- Combination of above

Address

Emergency telephone number

ATHLETIC EMERGENCY INFORMATION CARD

Name _____
Last First Middle Sex Grade Birth Date

Home Address _____ Home Phone () _____

City
 Living with Father Mother Both Guardian

Social Security # _____ or Student ID # _____

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT CONTACT

1. Name Father/guardian _____ Place of Employment _____

Work Phone () _____ ext. _____ Alternate # _____

2. Name Mother/guardian _____ Place of Employment _____

Work Phone () _____ ext. _____ Alternate # _____

Emergency Contact

Contact 1. Name _____ Relationship _____

(Name of Neighbor or Local Relative)

Phone () _____ Alternate Number _____

Contact 2. Name _____ Relationship _____

(Name of Neighbor or Local Relative)

Phone () _____ Alternate Number _____

Family Doctor _____ Phone () _____

(Name)

Health Plan: Kaiser Blue Cross Medi-Cal Other _____ Plan/Medi-Cal # _____

I give my permission for school authorities to bill Medi-Cal and/or my medical insurance for medical services rendered at the school site. Yes No

THE DISTRICT DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR SCHOOL ACCIDENTS.

If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps needed to protect the health of this student.

This student has a known health condition which may affect him in school. Yes (Please explain on reverse side.) No

DATE _____ Signature of Parent or Guardian _____

PE 24 (Rev.3/05)

(over)

MEDICAL ALERT (CONDITIONS REQUIRING SPECIAL MEDICAL CARE)

1. Any health problems or illness/ accident/ chronic condition (allergies, bleeder, diabetes, frequent fainting, heart condition, etc.)

Please Explain _____

2. Any history of seizures? Yes No If yes explain _____

3. Emergency Medication (name) _____

Reason _____

Allergies to medication (name) _____

EMERGENCY USE ONLY

TIME	RESP	PULSE	BP	LOC	GCS	R PUPILS L	SKIN	STATUS
	Rate: () Regular () Shallow () Labor	Rate: () Regular () Irregular		() Alert () Voice () Pain () Unresp		() Normal () () Dilated () () Constricted () () Sluggish () () No-Reaction ()	() Unremarkable () Cool () Pale () Warm () Cyanotic () Moist () Flushed () Dry () Jaundiced	() C () U () E () S
	Rate: () Regular () Shallow () Labor	Rate: () Regular () Irregular		() Alert () Voice () Pain () Unresp		() Normal () () Dilated () () Constricted () () Sluggish () () No-Reaction ()	() Unremarkable () Cool () Pale () Warm () Cyanotic () Moist () Flushed () Dry () Jaundiced	() C () U () E () S
	Rate: () Regular () Shallow () Labor	Rate: () Regular () Irregular		() Alert () Voice () Pain () Unresp		() Normal () () Dilated () () Constricted () () Sluggish () () No-Reaction ()	() Unremarkable () Cool () Pale () Warm () Cyanotic () Moist () Flushed () Dry () Jaundiced	() C () U () E () S