RIVERSIDE UNIFIED SCHOOL DISTRICT

PARENT CONSENT FORM FOR FIELD TRIP

To the Parent or Legal Guardian of: _____ Teacher: _____

Student's Name: _____

☐ Single Event ☒ Multiple Day

☐ I would like lunch provided by School's Nutritional Services

Trip Date: Ongoing Time: _____ (Leaving) To: _____ (Returning)

Destination: Community Walks - within walkie talkie distance

Instructional Focus: _____

Transportation: ☐ Bus ☐ Private Auto ☒ Other

Student will be returned to their school and must be picked up by an adult named on the student's emergency card, if they return after school hours.

Riverside USD does not provide medical insurance for students for school related injuries. On any occasion where student emergency medical care is deemed necessary, Parent/Guardian herein authorizes such emergency transportation and/or medical attention as may be required. Further, Parent/Guardian agrees to defend, indemnify and hold harmless the Riverside Unified School District, the Board of Trustees, the individual members thereof, and all District officers, staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees, or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of participation in the field study trip and any medical or dental treatment which may be rendered to minor child student. Parent/Guardian agrees to assume the financial responsibility for such care as the treating doctor may consider necessary. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the district, its employees or agents.

THE INFORMATION IN THIS SECTION **MUST** BE FILLED OUT AND RETURNED TO THE SCHOOL **PRIOR** TO THE FIELD STUDY TRIP. **NO PERMISSION FOR PARTICIPATING IN A FIELD STUDY TRIP CAN BE GRANTED OVER THE TELEPHONE.**

Health information: (Fill out if your child is on medication)

Type of medication: _____ When and how often taken: _____

Dosage amount: _____ Please add information that you feel we need to know about your child's health:

_____

Is there anything that may cause an allergic reaction, like a bee sting, penicillin, etc.? _____

Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? _____

Do you have health/accident insurance? _____ Who is that carrier? _____

What is the group number? _____

In case of emergency, if I, the parent, cannot be reached at _____ (Home Telephone) or _____ (Business Telephone)

I want to be notified at _____ (Telephone Number)

If I cannot be reached, please contact: _____ at _____

_____ _____

Signature of Parent or Guardian Date

I accept the conditions described on this form and give my consent for my son/daughter to participate.

White-Principal Yellow-Teacher Pink-Parent