



**PARENT’S OR GUARDIAN’S  
PERMISSION & MEDICAL TREATMENT AUTHORIZATION FORM  
FOR STUDENT PARTICIPATION IN (DISTRICT) SPONSORED  
VOLUNTARY FIELD TRIP/EXCURSION**

Student \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian (PrintName): \_\_\_\_\_

Parent/Guardian Phone Contact: \_\_\_\_\_

Excursion/Trip \_\_\_\_\_

I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement. This is a Release of Liability and Assumption of Risk Agreement (hereinafter “Release”). Read it carefully before signing below. Completing this Release is a prerequisite to your child's participation in the excursion/trip identified above. (hereinafter collectively referred to as “Activity”).

By signing this agreement, if your child is hurt, injured, or even dies during the Activity, you agree that neither you, the student, and any other family member, personal representative, assign, heir, trustee, or guardian or other related person will make a claim against or sue the FULLERTON SCHOOL DISTRICT its agents, representatives, trustees, officers, affiliates, subsidiaries, divisions, administrators, directors, employees, independent contractors, and volunteers (collectively referred to herein as the “District”) for injury, property loss or other damage related to the Activity and that as authorized parent/guardian or non-minor student you release the District from liability, even in the event of any District act or omission, including District negligence.

I understand and acknowledge that the activity is voluntary, and the student, with the undersigneds consent, chose to participate in the selected Activity at student’s own risk. I fully understand that the Activity may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents occur and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the Activity involves physical contact or not, any activity may have inherent risks of injury, which are inseparable from the Activity. All risks and hazards of potential injury, paralysis, and death to the student during the Activity are willingly assumed, including during any transportation to or from the Activity.

**Assumption of Risk:** I understand and acknowledge that the Activity contains potential risks of harm or injury. Injuries might arise from a student’s or other participant’s actions or inactions or the actual or alleged failure by district employees, agents, or volunteers to, without limitation, transport, manage, coach, train, instruct, or supervise adequately. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries. All such risks are deemed to be inherent to your participation in the Activity.

**Release/Waiver of Liability:** To the fullest extent permitted by law, in consideration for the District allowing student to participate in the Activity, I voluntarily release, waive, discharge, and hold harmless the District from any and all claims of liability arising out of their negligence, or any other act or omission which causes student illness, injury, death or damages of any nature in any way connected with student's participation in the Activity. I also expressly agree to release and discharge the District, its trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any emergency or medical services. Further, it is acknowledged that the Activity may include a field trip or excursion and that under Education Code §35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

**Indemnification:** To the fullest extent permitted by law, I agree to immediately defend, indemnify, and hold District harmless from and against all claims, demands, causes of action, suits, damages, costs, losses, expenses, injuries, losses, damages, and liabilities of every kind and nature as a result of, arising out of, associated with, or resulting directly or indirectly from student's participation in the Activity, travel to and from the Activity and any and all related activities, on or off of District premises. This indemnification includes, but is not limited to, all amounts incurred by the District for defending any such all claims, suits, damages, costs, losses and expenses, including all attorney's fees and costs incurred. The indemnity shall apply regardless of any active and/or passive negligent act or omission of the District

**Authorization and Consent to Medical Treatment:** By my signature below, I certify that the student is medically fit to participate in the Activity or can participate with reasonable accommodation. If student is injured at any time during student's participation in the Activity, I hereby authorize and consent for the District to administer general first aid treatment for any minor injuries or illnesses student may experience. If the injury or illness is life-threatening or in need of emergency treatment, I authorize the District to summon any and all professional emergency personnel to attend, transport, and treat student and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional, Paramedic, EMT or institution duly licensed or certified to practice in the state or country in which such treatment is rendered. I understand that this authorization and consent is given in advance of any specific diagnosis, treatment, or hospital care that may become required but is given to provide authority and power to the District to render care in the best judgment of the District upon the advice of any such medical, dental, or emergency personnel. I understand that reasonable efforts shall be made to obtain student consent before rendering treatment, but that treatment will not be withheld if student is incapacitated or otherwise unable to provide consent. I acknowledge and understand that the District does not provide medical or dental insurance coverage for student in connection with my participation in the Activity. I agree to assume all responsibility for payment for any treatment student may receive.

**Health Needs (Please complete the Information below):**

\_\_\_\_\_ I have no special health needs the staff should know, and no medication is required during this class/activity.

\_\_\_\_\_ I have a special health or accommodation need; instructions are attached.

\_\_\_\_\_ Other \_\_\_\_\_

Medical Insurance Carrier/Group #: \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Termination of Participation:** Student must agree to comply with all safety-related rules, regulations, guidelines, training, and instructions pertaining to the Activity. I understand that, in its sole discretion, the District may terminate student participation at any time, including during the Activity. Reasons for termination may include but are not limited to: inappropriate conduct or other deemed detrimental to the best interests of the Activity or health or safety considerations.

**By signing below, I/we acknowledge that I/we: (1) have read this document and understand that I/we give up substantial actual or potential rights to allow the student named above to participate in the Activity; (2) have voluntarily signed as evidence of acceptance of this agreement without any inducement or assurance of any nature, with full appreciation of all the risks inherent in the Activity; (3) have no questions regarding the scope or intent of this agreement and I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement.**

DATE: \_\_\_\_\_  
Signature of Parent/Legal Guardian or Non-minor Student/Participant\*

DATE: \_\_\_\_\_  
Signature of Minor Student/Participant