

**Castro Valley Unified School District**  
**VOLUNTARY FIELD TRIP/EXCURSION**  
**PERMISSION FORM AND MEDICAL AUTHORIZATION (STUDENT)**

\_\_\_\_\_  
**School Name**

Throughout the school year, students will have an opportunity to participate in voluntary field trips/excursions for the purpose of supplementing the regular classroom activities. These activities may include but are not limited to: government offices, parks and zoos, athletic events, businesses, entertainment events, museums, cultural centers, exhibitions and fairs.

To adequately cover students during off-campus trips, the District has obtained a medical plan to supplement the students' own medical insurance. This coverage is a "Low Option" plan that would cover only accidental injuries, and it would be used only after the student's medical expenses have reached his/her insurance limits. Students will not be required to pay an insurance fee to the District when taking one-day field trips (returning on the same day). However, there is a charge of thirty-five cents (\$0.35) per student per night for overnight trips (over one day duration). Payment will be collected prior to departure. Refer to Policy No AMK9028327, Special Risk Tripster Coverage.

**Please read and complete the information below and return it to the appropriate school.**

\_\_\_\_\_  
I hereby give permission for my child to participate in the voluntary field trip/excursion.

DESTINATION AND PURPOSE OF TRIP: \_\_\_\_\_  
\_\_\_\_\_

DATE/TIME OF DEPARTURE: \_\_\_\_\_ DATE/TIME OF RETURN \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best 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 the Castro Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with the student'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.

Name of Student \_\_\_\_\_

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

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

\_\_\_\_\_  
Student's Medical Insurance Carrier                      Policy No.                      Address

\_\_\_\_\_  
**For events that involve water activities**

In the event this field trip/excursion involves water activities, I hereby give permission for my child to participate in those water activities.                      Yes                      No                      Please circle one and sign here. \_\_\_\_\_