



East Nicolaus Joint Union High School District

"A California Distinguished School"
2454 Nicolaus Avenue, Nicolaus, CA 95659
Phone (530)656-2255 Fax (530) 656-1065
www.eastnicolaus.k12.ca.us



Mary Lynch, Superintendent/Principal

My son/daughter _____ has my permission to participate in the following: Field Trip or Extracurricular Activity: _____

Date of Field Trip: _____ Departure Time: _____ Return Time: _____

Method of Transportation: _____

Medical Insurance Company: _____

Please note that participation in the above field trip or extracurricular activity is completely voluntary, and as such, attendance is not required. Attendance will not be allowed absent signed consent and authorization as noted here.

There are inherent risks of serious injury or illness associated with the above trip or activity which you should be aware of prior to signing this form and granting permission for your child to participate. If you have any questions regarding the specific risks associated with the field trip or extracurricular activity noted above, please speak to your child's teacher or District administrator prior to signing this form.

I hereby waive all claims against East Nicolaus Joint Union High School District, its employees, officers, agents and volunteers, and against the State of California, for injury, accident, illness or death occurring during or by reason of the above-mentioned field trip or extracurricular activity. I also assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct.

Signature of Parent/Guardian: _____ Date: _____

Should it be necessary for my child to have emergency medical treatment while participating in this extracurricular activity or field trip, I hereby authorize East Nicolaus Joint Union High School District personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic medical, surgical or dental diagnosis or treatment and hospital care, for my child. I further authorize any duly qualified individual selected by the East Nicolaus Joint Union High School District personnel to render such emergency medical treatment to my child as s/he may deem necessary and appropriate. I understand that East Nicolaus Joint Union High School District does not have insurance that pays the medical or hospital costs that might be incurred on behalf of my child.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Daytime Phone: _____

My child has the following special medical needs: _____

My child has the following allergies: _____

My child will need to take the following medication: _____

(Note: If the District has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements.)