





ALTA LOMA SCHOOL DISTRICT CHILD CARE / HANG TIME
PARENT CONSENT FOR STUDENT’S VOLUNTARY FIELD TRIP PARTICIPATION,
RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (Page 2 of 2)

STUDENT HEALTH HISTORY FOR FIELD TRIP PARTICIPATION

Student’s Name Last First Middle DOB

Please check Yes or No. If Yes, please list and include date(s).

- 1. Has your child been exposed to a communicable disease within the past 21 days?
2. Does your child have any of the following health problems?
a. Chronic or recurring illness
b. Recent broken bones
c. Asthma
d. Heart disease
e. Hay fever
f. Fainting spells
g. Hernia (rupture)
h. Seizures (Epilepsy)
i. Diabetes
j. Operations
k. Serious injuries
l. Other
3. Date of most recent Tetanus shot
4. Does your child have any drug or other allergies?
5. Does your child take any medications?
6. If you have any concerns regarding your child’s physical ability to participate in this activity...
7. If your child takes any medication that must be administered during the field trip...

Please initial indicating you have read the above items (1-7) regarding Student Health History for field trip participation.

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and I consent and grant my permission for my son/daughter/ward to engage in all described activities. Except as noted by me, my child is physically fit to participate.

I (we) the undersigned parent, parents, or legal guardian of, a minor, do hereby consent that he/she be permitted to attend Child Care / Hang Time field trips and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital licensed by the State of California Department of Public Health.

In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Alta Loma School District and its representatives harmless in the exercise of this authority.



Signature of Parent or Guardian

Date

