

CHINO VALLEY UNIFIED SCHOOL DISTRICT  
EXCURSION/FIELD TRIP WAIVER AND  
MEDICAL AUTHORIZATION-MINOR  
(Education Code Section 35330)

I fully understand that my student is to abide by all rules and regulations governing conduct during the field trip. It is understood that any student determined to be in violation of these behavior standards may be sent home at the parent's or guardian's expense.

I, hereby release and discharge the Chino Valley Unified School District, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgements of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my student. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)