

OROVILLE UNION HIGH SCHOOL DISTRICT
Adult Participant
Field Trip/Excursion and Medical Authorization
Field Trips & Activities

As a participant in an Oroville Union High School District sponsored field trip, I fully understand the following:

1. Participation in these activities is voluntary.
2. I consent to a background check to ensure good moral character if volunteering to assist a certificated employee as a chaperone for minors (PC 1105.3)
3. I may revoke this authorization at any time by notifying OUHSD in writing.
4. Revocation is not effective until receipt is acknowledged by OUHSD.

As stated in California Education Code Section 35330:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for any injury, illness, or death occurring during or by reason of the field trip or excursion.”

Activity – Destination	Location	Departure Date/Time
		Return Date/Time

Consent to Transport

In Accordance with Education Code 35350, my signature gives permission to transport (if applicable)

Consent to Treat

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 physicians 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.

- Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
- All medications must be registered on this form with a physician’s written instructions on dispensing.
- All prescriptions must be kept on your person.
- Check here if no blood transfusions or blood products are to be given. **Initial:** _____

The undersigned agrees to defend, indemnify and hold harmless the Oroville Union High School District, its Board of Trustees, officers, agents, and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused to the undersigned’s person.

PRINT
NAME: _____

SIGNATURE: _____

DATE: _____

Health Insurance Company/MEDI-CAL

Policy Number