a

## Los Alamitos Unified School District

## School-Sponsored Field Trip Notice and Medical Authorization for Student (Multiple Trip)

Dear Parent/Guardian:	
Please complete this form at return in to	no later than
Throughout the school year, your child (print name) will have an opportunity to participate in VOLUN activities may include but are not limited to:	TARY off-campus excursion/field trips. These
shall be deemed to have waived all claims against	330, "All persons making the field trip or excursion the Los Alamitos Unified School District or the death occurring during or by reason of the field trip
surgical or dental diagnosis or treatment, and hosp	entist and performed by or under the supervision of
	all rules and regulations governing conduct during ons may result in that individual being sent home at
<ul> <li>My child may participate in this voluntary field trip.</li> <li>I do not want my child to participate in this voluntary field</li> </ul>	eld trip.
Parent/Guardian Signature	Date
Address	City, State, Zip
Phone number in case of emergency	
Student signature	Date of birth
Medical Insurance Carrier	
Address	Policy No

A special note to parents/guardians: (1) All medication must be reported on reverse; (2) All medication, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by staff; (3) Use the reverse side to list any special problems for which the staff should be aware and to list any medication you child is currently taking.