

*Palm Springs Unified School District*  
**Voluntary Excursion/Field Trip Waiver and Medical  
Authorization**

Dear Parent/Guardian:

Please complete and return a signed copy of this form to the school your son or daughter attends.

\_\_\_\_\_ has my permission to participate in the following Activity/ Destination: ALL CCHS Band Performances, Rehearsals, and Activities TO BE ANNOUNCED during the 2010-2011 academic year.

Departure Date and Time: T.B.A. Return Date and Time: T.B.A.

School Bus or Chartered Bus: T.B.A. School/Employee Vehicle: T.B.A.

In the event of illness or injury, I do hereby consent and will assume financial responsibility to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital furnishing medical or dental services.

As stated in the California Education Code Section 35330, I understand that I hold the Palm Springs Unified School District, its officers, agents, and employees, harmless from any and all liability or claims, including bodily injury, which may arise out of or in connection with my child's participation in this activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date