



**Parent/Guardian Extended Field Trip
Permission, Waiver and Medical Authorization**

FORM F

PALO ALTO UNIFIED SCHOOL DISTRICT • 25 Churchill Avenue • Palo Alto, CA 94306

Sponsoring Staff Member(s) Brimhall, Kolb, Sabbag, Scilingo, Williamson, Gallagher School Site Palo Alto High School

Dates of Trip Sep 11-12, 2016 Trip Destination Foothills Park, Palo Alto

Departure Time 6:30 pm, Sun 9/11/16 Return Time 5:30 pm, Monday 9/12/16

_____ has my permission to participate in this extended field trip. _____
Student's Name (print) _____ Grade _____

Health Needs: Parent Guardian to INITIAL as appropriate.

In the event I cannot be reached, I authorize the person in charge to obtain the necessary medical aid from a licensed physician at my own expense, understanding that certain expenses may be covered by the School District's Student Accident coverage.

Yes No (If no - explain on the back of this form.)

My student will need to take the following medication(s): _____

for the following diagnosed health condition(s): _____

Medical/physician authorization is required before a student may take any medication, including nonprescription drugs. If applicable, the Medication Required for Overnight Field Trip form is attached.

My student has no special health needs the staff should be aware of and no medication is required on the field trip.

I fully understand that participants are to abide by all rules and regulations governing conduct during this field trip. In the event that a participant must return home due to disciplinary action, all expenses shall be billed to the parent/guardian. There shall be no refunds or credits granted for unused portions of the program.

All expenses for health treatments/procedures are the responsibility of the parent/guardian.

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

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____

Address _____

Home Phone _____

Work / Cell Phone _____

Student's Signature _____

Date _____

PLEASE RETURN THIS FORM TO THE SPONSORING STAFF PERSON AT THE SCHOOL, by _____.



MEDICATION REQUIRED FOR OVERNIGHT FIELD TRIPS / OR IN CASE OF PUBLIC DISASTERS

HEALTH SERVICES - LINDA LENOIR, R.N., MSN

SCHOOL YEAR _____

PALO ALTO UNIFIED SCHOOL DISTRICT PH. 650-329-3766

25 CHURCHILL AVENUE • PALO ALTO, CA 94306

SCHOOL _____ SCHOOL FAX _____

THIS FORM MUST BE COMPLETED BEFORE ANY PRESCRIPTION OR OVER-THE-COUNTER MEDICATION CAN BE ADMINISTERED BY SCHOOL PERSONNEL FOR FIELD TRIPS, MEDICATION AND DOCTOR'S ORDERS MUST BE PROVIDED ONE WEEK IN ADVANCE

NEEDED FOR MEDICATIONS REQUIRED DURING NON-SCHOOL HOURS (I.E. MEDICATIONS THAT MUST BE GIVEN OVER A 24 HOUR PERIOD TO MAINTAIN THERAPEUTIC LEVELS.)

Student Name: _____ Grade/Teacher _____ / _____

It is the practice of the Palo Alto Unified School district to prohibit students carrying medications while at school or to and from school. (Exceptions will be made when the *PHYSICIAN* requests student may carry medication. Controlled medications may not be carried, including anti-depressants.

TO BE COMPLETED BY PHYSICIAN FOR ALL MEDICATIONS INCLUDING PRESCRIPTION AND NON-PRESCRIPTION. CONTROLLED MEDICATIONS INCLUDING ANTI-DEPRESSANTS MAY NOT BE CARRIED.

Please Print Clearly

Drug	Dose	Route	Time	Special Instructions/Precautions	Staff Carry	Stu. Carry
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I give permission for trained staff to assist in administration of medications listed above.

I give permission for student to carry and self-administer medication checked above. The health care provider has confirmed that the student is capable of appropriate self-administration of the above medication. If student is younger than 18, the parent/guardian assumes all liability related to this patient's use, timing and technique in self-administering this medication.

PHYSICIAN SIGNATURE: _____ DATE _____

Physician Name: _____

Office Phone: _____ Fax: _____

Physician/Clinic Stamp Here

TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child be allowed to take medication according to instruction from his/her physician. **Determination of the request will be reviewed by the school nurse.** I understand it is my responsibility to bring the medication to school in the original pharmacy container labeled with my child's name, medication name, dosage and directions for each medication. (Ed Code 49423)

I authorize the school personnel to assist with the above medication to my child as ordered by the physician listed above. I understand that trained, non-medical school personnel may administer this medication. (Ed Code Sec 49423 and 49480)

This form must be renewed whenever the prescription changes and at the beginning of each school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

(Home) (Work) (Cell)

(Home) (Work) (Cell)

STUDENT CONTRACT FOR CARRYING OWN MEDICATION: I _____ will be responsible for carrying administering and keeping safe, at all times, my medication. I will use the medication in the way prescribed by my physician. I will not show or share my medication with others students. I will immediately report to persons in charge if my medication is missing.



Student Behavior Expectations

PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue • Palo Alto, CA 94306

FORM G

Sponsoring Staff Member Brimhall, Kolb, Sabbag, Scilingo, Williamson, Gallagher School Palo Alto High School

Dates of Trip Sep 11-12, 2016 Destination Foothills Park, Palo Alto

Parent/Guardian - Student Agreement

In order to make this trip a success, it is vital that all concerned realize that some standards of conduct and behavior must be agreed upon and understood.

Parents/guardians are requested to go over the following items with their student and then return the signed form to the sponsoring staff member before the trip.

- 1. DRESS: Proper dress for travel is required as described by the trip leader.
- 2. HOTEL / LODGING: Students must be in their assigned rooms. Hours, lights out, and quiet must be observed. Any damage to hotel property / lodging incurred by "horseplay" or otherwise is the responsibility of the student/parents/guardians.
- 3. SIDE TRIPS: Not permitted without checking with leaders. **No one goes anywhere alone.**
- 4. TOBACCO: There is absolutely **no use of tobacco** in any form.
- 5. ALCOHOL / DRUGS: **Agreement to not possess, use, furnish, smoke, or otherwise ingest illegal substances or alcohol**, which is a mandatory referral to the Principal of the school site. Infractions will be dealt with by normal school disciplinary measures, as well as the possibility of being sent home immediately. Local law enforcement will be used if deemed necessary.
- 6. PROMPTNESS: A trip is only as fast as its slowest members. Attention to schedule is paramount.
- 7. BELONGINGS: Students should have the proper clothing and equipment for safety / pleasure / comfort.
- 8. ATTENTION: Whenever oral instructions or directions are given, all participants must pay 100% attention.
- 9. COMMON COURTESIES: These are expected by students toward fellow students, chaperones, and all people you come into contact with during the trip.
- 10. ROOM / BUS / CAR: Clean-up of vehicles and rooms is the expected norm.
- 11.
- 12.

The following acts will not be tolerated and could result in the immediate return home of the student, accompanied by a chaperone via public transportation, at the parents'/guardians' expense for both student and chaperone.

- 1. Insubordination or flagrant violations of field trip rules.
- 2. Possession or use of tobacco, alcohol, marijuana, or any other illegal substance as stated above.
- 3. Failure to cooperate with any chaperone's request.

Print Student Name Grade

I have reviewed the above with my parent/guardian and agree with the provisions and expectations herein.

Student Signature Date

I have reviewed the above with my student and agree with the provisions and expectations herein.

Print Parent/Guardian Name Parent/Guardian Signature Date

TEAM Foothills Campout Make-up Work

TO BE COMPLETED IN ADDITION TO PERMISSION SLIP SIGNED BY PARENT

Student Name: _____ Grade: _____

TEACHERS: This student will be missing your class on **Monday, September 12, 2016**, to attend the TEAM Foothills Field Trip. Please indicate the work to be completed by the student prior to this absence. Students, transfer this to your planner before you turn in your permission pack and **make up work in advance!** TEAM students, you will not have make-up work for TEAM classes.

Period and Subject	Assignments	Teacher's Signature
1		
2		
3		
4		
5		
6		
7		