

MONROVIA UNIFIED SCHOOL DISTRICT
CONSENT FOR TRAVEL AND MEDICAL AUTHORIZATION
Monrovia H.S. Instrumental Music Department

To: Mr. Darvin Jackson, Principal, Monrovia High School: _____
Name of Student

has my permission to participate in all trips, performances, events, and music department fundraisers as scheduled by the Director and/or the Wildcat Band Booster Club. It is my understanding that the method of transportation will be school/chartered bus and/or district approved parent driver. I agree to direct my child to cooperate and conform with directions and instructions of the school district personnel in charge of the activity.

Approval Signature of Parent/Guardian Date

PARENTS PLEASE NOTE: California State Education Code, Section 35330 in part provides:
"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 injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

MEDICAL AUTHORIZATION/RELEASE

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the school district personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

_____ Student Name	_____ Parent/Guardian Name	
_____ Home Telephone number	_____ Cell / Business Telephone Number	
_____ Emergency Contact Name / Relationship	_____ Emergency Contact Telephone Number	
_____ Primary Doctor's Name	_____ Primary Doctor's Phone Number	
_____ Insurance Plan Name (if applicable)	_____ Policy / Group Number	_____ Patient ID / Medical Record No.

Additional Medical Information (allergies, chronic illnesses, special conditions, etc. Please specify)

List any medications (prescription or over-the-counter) that your child takes.

Signature of Parent/Guardian Date

Please complete, sign, and date this form and return it to the Music Department Office. Students must have a current Travel/Medical Authorization Form on file in order to participate in off-campus events.