



## REDLANDS UNIFIED SCHOOL DISTRICT

### CONSENT FOR STUDENT TO PARTICIPATE AND BE TRANSPORTED TO ACTIVITIES/EVENTS/TRIPS

2019 - 2020

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Transportation to and/or from event may not always be provided by the District. Parents/guardians are responsible for ensuring that their student arrives and departs event as noticed. By signing this form you acknowledge that the District assumes no responsibility for transportation of the student to and/or from the event. If you approve of your student's participation in school activities/events/trips, so indicate by signing and returning this consent form.

By signing this form you acknowledge that your student may be a passenger in a private car (not driven by a student), and hereby give my permission for that transportation to take place. I understand that the REDLANDS UNIFIED SCHOOL DISTRICT has on file a School Driver Certification Form from the person providing the transportation. As stated in California Education Code Section 35330, I understand that I hold the Redlands 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 these activities.

Students are expected to conduct themselves in a manner that reflects pride in themselves, their school, and the Redlands Unified School District. The District policies and regulations which govern student's conduct shall be the guidelines for student behavior during these activities/events/trips. Students who violate existing policies and regulations are subject to disciplinary action upon their return. The policies and regulations, among others, prohibit:

1. Use or possession of alcoholic beverages, narcotics, dangerous drugs, or weapons.
2. Smoking by students on campus or in other areas in which school activities are taking place.

It is important for you to understand that the District does not provide medical insurance for students. You must therefore provide proof of medical insurance coverage. However, if you do not have medical insurance, low cost student medical insurance is available through the school office.

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 physician, surgeon, 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.

Signature of Parent/Guardian	Relationship to Student	Today's Date
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Student's Signature	Date of Birth	Today's Date
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Address \_\_\_\_\_

Home Phone	Business Phone
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Medical Insurance Carrier	Policy No.	Phone
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A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) ( ) Check here if there are special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) \_\_\_\_\_

If your son or daughter has a special medical problem, medications or allergies, kindly provide details on the reverse.