

Mt. Diablo Unified School District
ELEMENTARY SCHOOL FIELD TRIP PERMISSION SLIP

School site: Wren Ave. Fair Oaks, Shore Acres and Delta View

I grant permission for my child/ward _____
Name of Student (Please Print)

to participate in a field trip to Camp Concord (South Lake Tahoe)
Place/Activity/Event

on the following date(s): May 19 - May 21, 2017

Approximate time scheduled to return to school: Sunday May 21, 2017 @ 3:30pm

Class or group attending: 3rd, 4th and 5th grade students

Educational purpose: Enrichment

Name of teacher: CARES Staff

Method of transportation: Bus

Student's specific medical needs, if any: _____

Name of medical provider: _____ Telephone number: _____

Emergency notification number for parent: _____

Alternate emergency name & telephone number: _____

AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child and that I will be responsible for said expense.

Prescription or over-the-counter medication: *I certify that I have on file in the school office, a current form stating all medications that my child must take.*

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS PERMISSION SLIP.

Parent/guardian signature: _____

Parent/guardian name (please print): _____

(Continued on reverse side)

- I understand that my child has received staff and district approval to participate in a field trip. Under the California Educational Code and Board of Education policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips, which may include overnight, out-of-state, and/or out-of country travel, are always under the direct supervision of at least one teacher.
- I understand that this field trip is optional and a voluntary activity. Attendance by my child is not required and that an alternative activity at school will be provided if my child does not participate.
- I understand that all students going on this trip will be responsible in conduct to the bus driver, teacher, chaperones and, if applicable, adult sponsors, at all times.
- I understand that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to **in writing** by the principal or site administrator.
- I understand that all field trips will begin and end at the school of origin unless I have made prior arrangements to pick up my child or have my child dropped off at an alternative location. I understand that I must inform the school of these arrangements in writing on or before the day of the field trip.
- I hereby acknowledge that I have been advised whether or not the activities involved in this field trip, excursion or event are considered by the district to be of “high risk” to the participants.
- The district does **not** provide students with field trip accident insurance. Parents who do not have medical insurance that covers their children are strongly advised to consider alternative student accident insurance that is available. Information is routinely sent to parents at the beginning of each school year. This insurance is from a private vendor and the district does not sell this insurance and makes no warranty as to the extent of the coverage.
- It is understood and agreed that this field trip shall constitute a field trip for purposes of the application of California Education Code Section 35330 waiver provided below.

WAIVER OF CLAIM

I understand that *California Education Code Section 35330(d)* provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, illness or death occurring during or by reason of the field trip or excursion. I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the school, its employees and volunteers, the Mt. Diablo Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney’s fees) for any harm, injury or death arising out of the above-named field trip.

Camp Concord Trip Packing List

What To Bring: The summer days are warm, however the nights can be very cold, so be sure to pack a warm sleeping bag and some winter clothing.

Here are the suggestions:

- Sleeping bag for 40 degree weather and pillow
- Hiking shoes, tennis shoes, sandals (for on the beach only)
- Warm jacket, sweatshirts
- T-Shirts, shorts and jeans
- Swimsuit, 2 towels and pajamas
- Blank, self-addressed and pre-stamped postcards and pen
- Socks and underwear for 5 days
- Cap/sun hat, lip balm and sunscreen
- Flashlight with fresh batteries
- Water bottle and day pack
- Personal toiletries and insect repellent
- Camera and film
- Spending money for the Camp Store
- Prescription medications in their original container

Please do not bring the following:

- ✓ Portable CD/DVD/Video Game players
- ✓ Clothing or shoes unsuitable for a camp environment
- ✓ Anything else you do not want lost or damaged

The Camp Concord phone number is: (530) 541-1203.



**CAMP CONCORD
WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

The below identified Minor Participant(s) (the "Minor(s)") will be attending an organized Camp Program to be conducted at Camp Concord, in South Lake Tahoe, California.

I understand that the activities at Camp Concord in which the Minor(s) participate may entail vigorous physical movement, physical contact and exertion, and exposure to extreme weather elements. Although it is the goal of Camp Concord and its employees and agents to adhere to relevant American Camp Association Standards, property damage, physical injuries and accidents may occur during Camp Activities. Such potential injuries include but are not limited to strains, sprains, cuts, abrasions, broken limbs, hypothermia, sunstroke, drowning, and even death. To the extent that motorized transportation is required, additional risks associated with vehicular collisions may also be encountered. I further understand that in addition to the above-mentioned risks, there may be other unforeseeable risks and dangers involved in said Activity.

In consideration of the opportunity to participate in Camp Activities, I knowingly and voluntarily assume, on behalf of myself, the Minor(s), the Minor(s)' other parent (or Guardian (s)), and our respective heirs and dependents all risks arising there from or related to Camp Activities, and release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with the Minor(s) participation in Camp Activities.

I agree and acknowledge that this Waiver and Release From Liability/Assumption of Risk shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or in part through the passive or active negligence of the City of Concord, its officers, agents, employees, or volunteers of the City (with the exception of sole, active negligence, or willful misconduct).

I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY/ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT.

I, the undersigned, certify that I am the legal parent or guardian of the below-identified Minor(s) and that my signature is a legal and binding signature and will be considered original if received by fax or email.

Use of participant photographs: In addition to the forgoing, I give consent to Concord Parks & Recreation Department or any other media agency to photograph me (or the Minor(s) on whose behalf I am signing this waiver), and to use such photographs in brochures, newspapers or other forms of media describing City of Concord activities.

Name of Minor Participant (s):

Name of Parent/ Guardian _____

Parent/Guardian Signature _____

Date _____



PARKS & RECREATION
 CAMP CONCORD HEALTH HISTORY/MEDICAL AUTHORIZATION
 YOUTH PARTICIPANTS

FOR OFFICE USE ONLY
Date received _____
Signatures checked LJ

Form 1 of 2

CAMP SESSION	CAMP DATES	THRU		PLEASE PRINT - PRESS HARD	
Camper Information					
NAME		AGE	SEX	BIRTHDATE	
STREET ADDRESS					
CITY		STATE	ZIP	HOME PHONE ()	
Parent/Guardian Information					
NAME		RELATIONSHIP		HOME PHONE ()	
STREET ADDRESS		CELL/PAGER # ()		WORK PHONE ()	
CITY	STATE	ZIP	E-MAIL		
NAME		RELATIONSHIP		HOME PHONE ()	
STREET ADDRESS		CELL/PAGER # ()		WORK PHONE ()	
CITY	STATE	ZIP	E-MAIL		
In case of emergency if parent/guardian(s) are unavailable, please notify:					
NAME		RELATIONSHIP		HOME PHONE ()	
STREET ADDRESS		CELL/PAGER # ()		WORK PHONE ()	
CITY	STATE	ZIP	E-MAIL		
NAME		RELATIONSHIP		HOME PHONE ()	
STREET ADDRESS		CELL/PAGER # ()		WORK PHONE ()	
CITY	STATE	ZIP	E-MAIL		
Medical Contacts					
FAMILY PHYSICIAN	PHONE ()	INSURANCE CARRIER		POLICY NUMBER	
FAMILY DENTIST	PHONE ()	INSURANCE CARRIER		POLICY NUMBER	
FAMILY ORTHODONTIST	PHONE ()	INSURANCE CARRIER		POLICY NUMBER	
List known food allergies _____					
List special dietary needs _____					
List previous camping experience _____					
Please describe camper's feelings about this experience _____					
Does your camper have fear of particular things or situations? _____					
Does your camper: <input type="checkbox"/> wet the bed? <input type="checkbox"/> sleep walk?					
Has your camper been away from home: <input type="checkbox"/> a lot <input type="checkbox"/> very seldom?					



DEPARTAMENTO DE PARQUES Y RECREACIÓN
 HISTORIA DE SALUD/AUTORIZACIÓN MÉDICA
 PARA EL CAMPAMENTO DE CONCORD

Para uso de la Oficina solamente
 Fecha Recibido _____
 Verificación de Firmas _____

Formulario 1 de 2

SESIÓN DE CAMPAMENTO	DÍAS DE CAMPAMENTO			En letra de molde o imprenta – Presionar Fuerte	
	HASTA				
Información sobre el Excursionista					
NOMBRE			EDAD	SEXO	FECHA DE NACIMIENTO
DIRECCIÓN					
CIUDAD		ESTADO	CÓDIGO DE ÁREA		TELÉFONO DE CASA ()
Información del Familiar/Tutor					
NOMBRE			PARENTESCO	TELÉFONO DE CASA ()	
DIRECCIÓN			CELULAR/BUSCA PERSONAS ()	TELÉFONO DEL TRABAJO ()	
CIUDAD		ESTADO	CÓDIGO DE ÁREA	CORREO ELECTRÓNICO	
NOMBRE			PARENTESCO	TELÉFONO DE CASA ()	
DIRECCIÓN			CELULAR/BUSCA PERSONAS ()	TELÉFONO DEL TRABAJO ()	
CIUDAD		ESTADO	CÓDIGO DE ÁREA	CORREO ELECTRÓNICO	
En caso de emergencia si el Familiar/Tutor no está disponible, favor de avisar a:					
NOMBRE			PARENTESCO	TELÉFONO DE CASA ()	
DIRECCIÓN			CELULAR/BUSCA PERSONAS ()	TELÉFONO DEL TRABAJO ()	
CIUDAD		ESTADO	CÓDIGO DE ÁREA	CORREO ELECTRÓNICO	
NOMBRE			PARENTESCO	TELÉFONO DE CASA ()	
DIRECCIÓN			CELULAR/BUSCA PERSONAS ()	TELÉFONO DEL TRABAJO ()	
CIUDAD		ESTADO	CÓDIGO DE ÁREA	CORREO ELECTRÓNICO	
Contactos Médicos					
MÉDICO DE LA FAMILIA		TELÉFONO ()	COMPAÑÍA DE SEGUROS		PÓLIZA NÚMERO
DENTISTA DE LA FAMILIA		TELÉFONO ()	COMPAÑÍA DE SEGUROS		PÓLIZA NÚMERO
ORTODONCISTA DE LA FAMILIA		TELÉFONO ()	COMPAÑÍA DE SEGUROS		PÓLIZA NÚMERO
ENUMERE SI SABE DE ALERGIAS A ALGUNA COMIDA _____ ENUMERE SI NECESITA ALGO ESPECIAL DE COMIDA _____ ENUMERE OTROS CAMPAMENTOS A LOS QUE HE ASISTIDO _____ POR FAVOR DESCRIBA LOS SENTIMIENTOS DEL EXCURSIONISTA SOBRE ESTA EXPERIENCIA _____ ¿SU EXCURSIONISTA TIENE MIEDO DE ALGUNA COSA O SITUACIÓN EN PARTICULAR? _____ ¿SU EXCURSIONISTA: <input type="checkbox"/> MOJA LA CAMA? <input type="checkbox"/> CAMINA DORMIDO? ¿SU EXCURSIONISTA HA ESTADO LEJOS DE CASA: <input type="checkbox"/> MUCHO <input type="checkbox"/> POCAS VECES					



PARKS & RECREATION
CAMP CONCORD HEALTH HISTORY/MEDICAL AUTHORIZATION

Form 2 of 2

CAMPER NAME _____	BIRTHDATE _____
-------------------	-----------------

Medical History

List all known allergies including those to medications. _____ _____	Describe reaction and management of the reaction. _____ _____
--	---

Medications being taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely and/or within the past 90 days. If medication is currently being taken, bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____	Dosage _____ Specific time(s) each day _____
Reason for taking _____	Name & phone of prescribing physician _____
Med #2 _____	Dosage _____ Specific time(s) each day _____
Reason for taking _____	Name & phone of prescribing physician _____
Med #3 _____	Dosage _____ Specific time(s) each day _____
Reason for taking _____	Name & phone of prescribing physician _____

General Questions (Explain "Yes" answers below)

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have ADD or ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain any "Yes" answers, noting the number of the questions.		
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Which of the following has the participant had? Measles Chicken pox German measles Mumps Hepatitis

Is child subject to any conditions for which the Camp should make special preparations? Yes No If yes, please explain _____

Has child ever been limited in physical activity for any reason? Yes No If yes, please explain _____

Please list any other health information that would be helpful to us. (Consider the altitude of the mountain environment, hiking, mosquitoes, etc.) _____

Date of last tetanus booster _____ I acknowledge that my child's immunizations are current with school requirements.

Parental Consent and Authorization for Medical/Surgical Treatment

This health history is correct to the best of my knowledge and the person herein described is in good health and has my permission to engage in all prescribed camp activities, including but not limited to, swimming, rafting, canoeing, hiking and horseback riding while at Camp Concord except as noted. I have completed both Health History/Medical Authorization forms. Authorization for treatment: In the event that I cannot be reached, I hereby give permission to the medical personnel selected by Camp Concord to order, secure, and/or administer, as necessary, medical tests, treatment, transportation and hospitalization for my child as named above. If needed, it is permissible for the Camp Nurse to administer to my child "over the counter" medicines such as, but not limited to: Tylenol, Advil, Benadryl, cough medicine, etc.

Parent/Guardian's signature _____ Date _____



DEPARTAMENTO DE PARQUES Y RECREACIÓN
 HISTORIA DE SALUD/AUTORIZACION MÉDICA
 PARA EL CAMPAMENTO DE CONCORD

Formulario 2 de 2

NOMBRE DEL EXCURSIONISTA _____	FECHA DE NACIMIENTO _____
--------------------------------	---------------------------

Historia Médica

Alergias (señale todas las conocidas incluídas las alergias a medicinas)

Alergias (Describa la reacción y control de la reacción)

Medicinas Administradas

Por favor, enumere TODAS las medicinas (incluidas las que se venden sin receta médica o medicamento sin prescripción) tomadas rutinariamente y/o dentro de los últimos 90 días. Si la medicina esta siendo administrada actualmente, traiga suficiente medicina para que dure el tiempo que permanezca en el campamento. Manténgalas en el envase original que indique la prescripción médica (si es una medicina recetada), el nombre del medicamento, la dosis y la frecuencia de administración.

- Esta persona NO toma medicinas rutinarias.
- Esta persona toma medicinas, como sigue:

Medicina Número 1 _____	Dosis _____	Hora(s) específica(s) cada día _____
Razón de tomar _____	Nombre y teléfono del médico que prescribe _____	
Medicina Número 2 _____	Dosis _____	Hora(s) específica(s) cada día _____
Razón de tomar _____	Nombre y teléfono del médico que prescribe _____	
Medicina Número 3 _____	Dosis _____	Hora(s) específica(s) cada día _____
Razón de tomar _____	Nombre y teléfono del médico que prescribe _____	

Preguntas Generales (explicar en la parte inferior las respuestas marcadas "sí")

Tiene o ha tenido el participante	Sí	No	Tiene o ha tenido el participante	Sí	No
1. Tiene alguna herida reciente, infección o, enfermedad contagiosa?	<input type="checkbox"/>	<input type="checkbox"/>	18. Tiene un aparato de ortopédico que será llevado al campamento?	<input type="checkbox"/>	<input type="checkbox"/>
2. Tiene una enfermedad/condición crónica o periódica?	<input type="checkbox"/>	<input type="checkbox"/>	19. Tiene algún problema en la piel (e.g. acné, sarpullido, picadura)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ha estado hospitalizado alguna vez?	<input type="checkbox"/>	<input type="checkbox"/>	20. Tiene diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ha tenido cirugía alguna vez?	<input type="checkbox"/>	<input type="checkbox"/>	21. Tiene asma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Tiene frecuentes dolores de cabeza?	<input type="checkbox"/>	<input type="checkbox"/>	22. Ha tenido mononucleosis en los últimos 12 años?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ha tenido una herida en la cabeza?	<input type="checkbox"/>	<input type="checkbox"/>	23. Tiene problemas de diarrea/estreñimiento?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ha quedado inconsciente?	<input type="checkbox"/>	<input type="checkbox"/>	24. Tiene problemas con sonambulismo?	<input type="checkbox"/>	<input type="checkbox"/>
8. Usa anteojos, lentes de contacto o protectores para los ojos?	<input type="checkbox"/>	<input type="checkbox"/>	25. Si es mujer, tiene un historial de menstruación anormal?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ha tenido infecciones de oído frecuentes?	<input type="checkbox"/>	<input type="checkbox"/>	26. Tiene un historial de mojar la cama?	<input type="checkbox"/>	<input type="checkbox"/>
10. Se ha desmayado durante o después de ejercicios?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ha tenido un problemas con comidas?	<input type="checkbox"/>	<input type="checkbox"/>
11. Se ha mareado durante o después de ejercicios?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ha tenido dificultades emocionales que requirieron ayuda profesional?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ha tenido ataques?	<input type="checkbox"/>	<input type="checkbox"/>	29. Tiene ADD o ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ha tenido dolores de pecho durante o después de ejercicios?	<input type="checkbox"/>	<input type="checkbox"/>	Por favor explique cualquier respuesta "Sí", anotando el número de la pregunta.		
14. Ha tenido presión alta?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
15. Ha sido diagnosticado con soplo al corazón?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
16. Ha tenido problemas de espalda?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
17. Ha tenido problemas con articulaciones (e.g. rodillas, tobillos)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Cual de las siguientes enfermedades ha tenido el participante? Sarampión Viruela Paperas Hepatitis

Ha tenido el niño(a) limitación de alguna actividad física por alguna razón? Sí NO Si es sí favor de explicar _____

Favor de enumerar cualquier otra información médica que nos podría ser de mucha ayuda. (Considerar la altitud del ambiente de las montañas, caminatas, mosquitos, etc.) _____

Fecha de la última inyección de tétano _____ Reconozco que las inmunizaciones de mi niño son corrientes con requisitos escolares.

Consentimiento Familiar y Autorización para Tratamiento Médico / Quirúrgico

Esta historia de salud es correcta hasta donde tengo conocimiento y la persona aquí descrita esta en buen estado de salud y tiene mi permiso para participar en todas las actividades del campamento, inclusive pero no limitado a natación, viajes en balsa, canotaje, caminatas, cabalgatas a caballo mientras esté en el Campamento de Concord exceptuando lo anotado. He llenado ambos formularios de Historia de Salud/Autorización Médica. Autorización para tratamiento: En el caso que no se puedan comunicar conmigo, por el presente doy permiso al personal médico seleccionado por el Campamento de Concord a ordenar, asegurar y/o administrar, si es necesario, revisiones médicas, tratamiento transporte y hospitalización para mi niño(a) cuyo nombre aparece en líneas arriba. Si fuese necesario, autorizo que la Enfermera del Campamento administre a mi hijo(a) medicinas sin prescripción médica tales como pero no limitadas a: Tylenol, Advil, Benadryl, Medicinas para la tos, etc.

Firma del Familiar/Tutor _____ Fecha _____