

CVHS HEALTH ACADEMY PERMISSION FORM

**SCHOOL-SPONSORED VOLUNTARY EXCURSION/FIELD TRIP
NOTICE AND MEDICAL AUTHORIZATION FOR MINORS**

CVHS Event Director:	Mr. Moore	760-887-0825	Teacher Assigned:	Moore, Peñafior, Capper	760-887-0825
Event Name:	Screenagers Documentary		Date:	2/27/2019	SA
Location:	UCR Palm Desert (Cook & Frank Sinatra, Palm Desert)		from:	*1:45pm	Total hrs:
Meeting Loc.:	In front of CVHS gym		to:	*6:00pm	5
Method of Transportation:	CVUSD bus, parent / guardian		attire: HOSA, acad shirts, casual		

Description of Event / Notes:	Students will attend documentary film, "Screenagers," and participate in dialogue about electronics use, and how they can take control of their devices.
Directions: use GPS	

The student listed on this form has my permission to participate in the above activity.

In the event of illness or injury, I do hereby consent to any necessary x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital, facility or agency furnishing medical or dental services. As stated in California Education Code Section 35330, I understand that I hold Coachella Valley Unified School District, its officers, agents and employees harmless from any and all liability of claims, which may arise out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her and/or parent/guardian.

<i>Parent/Guardian Signature</i>	<i>Date</i>	<i>Student Signature</i>	<i>PRINT NAME</i>
<i>Address</i>		<i>Student cell phone</i>	<i>Date of Birth</i>
		<i>Home Phone</i>	

<i>Medical Insurance Carrier</i>	<i>Policy #</i>	<i>Parent Cell Phone</i>
<u>Special Note to Parent/Guardian</u> *Students that miss the next day of school following a trip are ineligible for next trip.		

- All drugs must be registered on this form. 2. All drugs, excepting those that must be kept on the student's person for emergency use, must be kept and distributed by the staff. 3. Check if there are NO special problems, or that medication is not needed.
- If any medication or drugs are to be taken by student, list them here: (Name of drug and reason)
- Trip Cost is used for Health Academy activities & events.

____(Staff initial) **Permission slip completed and submitted** * ____ (Staff initial)

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Event Name:	Screenagers Documentary		Date:	2/27/2019	SA	
Location:	UCR Palm Desert (Cook & Frank Sinatra, Palm Desert)		from:	*1:45pm	Total Est. hrs:	
Meeting Loc.:	In front of CVHS gym		to:	*6:00pm	5	Actual Hrs:
Method of Transportation:	CVUSD bus, parent / guardian		attire: HOSA, acad shirts, casual			
Description of Event / Notes:	Students will attend documentary film, "Screenagers," and participate in dialogue about electronics use, and how they can take control of their devices.					
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