



**Palm Springs Unified School District  
Voluntary Field Trip Notice  
& Medical Authorization**

Dear Parent/Guardian,

Please complete and return to [DRE@psusd.us](mailto:DRE@psusd.us) or your school's appointed counselor.

My son/daughter \_\_\_\_\_ has my permission to participate in the following voluntary activity:

**Destination:** Los Angeles, CA Black College Expo  
**Departure Date & Time:** Saturday, Jan 28, 2023 @8:00am  
**Return Date & Time:** Saturday, Jan 28, 2023 @7:00pm  
**Transportation:** School Bus: X Aircraft: \_\_\_\_\_ Rental Car: \_\_\_\_\_

In the event of illness or injury, I give my 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.

As stated in California Education Code Section 35330, I understand that I hold the Palm Springs 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.

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 parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Medical Insurance Address: \_\_\_\_\_

- (1) If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.
- (2) \_\_\_\_\_ Check here if any medication(s) is required on this trip.
- (3) Medication(s) must be registered on this form and must have prior physician authorization (obtained at school); please list here name of medication(s) and reason:  
\_\_\_\_\_. All medications must be kept and distributed by staff, excepting those which must be kept on the student's person for emergency use and with prior authorization only.
- (4) I give permission for images of my son/daughter captured during the tour to be used solely for the purpose of PSUSD usage and waive any rights to compensation or ownership.