

**COACHELLA VALLEY UNIFIED SCHOOL DISTRICT**  
**SCHOOL-SPONSORED VOLUNTARY EXCURSION/FIELD TRIP**  
**NOTICE AND MEDICAL AUTHORIZATIONS FOR MINORS**

Dear Parent/Guardian of: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Please complete and return this form to your ANR Academy Advisor

Student's Name: \_\_\_\_\_ has my permission to participate in the following voluntary activity.

Destination: *Will be announced prior to any ANR Academy excursion/field trip*

Departure Date & Time: *Will be announced prior to any ANR Academy excursion/field trip*

Return Date & Time: *Will be announced prior to any ANR Academy excursion/field trip*

Cost: *All costs and monetary information will be provided prior to any ANR Academy excursion/field trip*

It is recommend that you pack yourself a couple granola bars or simple snacks. Also it is recommended to bring cash for a comfort stop if time allows.

Dress: *Black slacks (pants) or skirt and White button down dress shirt. Please wear black closed toe shoes. Official Dress is mandatory. If other dress is required information will be provided prior to any ANR Academy excursion/field trip*

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.

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 hereby grant to the Agriculture & Natural Resources Academy of Coachella Valley High School of Coachella Valley Unified School District (the Academy) the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, article(s)/paper(s) submitted, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, articles, and the like, taken or made on behalf of the Academy or its partners. I agree that the Academy has complete ownership of such material and the like and can use said material for any purpose consistent with the Academies mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, Web sites, Social Media and any promotional or educational materials in any medium.

I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc.

Please complete both sides of this form – Thank you☺



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I hereby release and discharge the Academy, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.\* This release shall be binding upon me, my heirs, legal representatives, and assigns.

This agreement is being made and entered into under the laws of the State of California and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Policy #: \_\_\_\_\_  
\_\_\_\_\_

\* If the person signing is under the age of 18, consent from a parent or guardian is needed.

A special note parent/Guardian:

1. All drugs must be registered on this form.
2. All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. If any medication or drugs are to be taken by student, **please list the name of drug and the reason** \_\_\_\_\_.
4. If your son or daughter has a special medical problem that we should be aware of, kindly attach a description of that problem to this sheet.
5. \_\_\_\_\_ Check here if there are **no** special problems that the staff should be aware of and **no prescribed medications will be required on the field trip.**

\*All permission slips must be returned to your ANR Advisor by:

\_\_\_\_\_

Please complete both sides of this form – Thank you☺



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