

**Bellflower Unified School District**  
**STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP**  
**PARENTAL PERMISSION & MEDICAL TREATMENT AUTHORIZATION**

School: Bellflower Middle/High School Teacher: Mr. Christensen, Athletic Director Grade: 9-12

**Varsity Baseball CIF Semi-Finals Game**  
Destination: Anaheim High School - 811 W. Lincoln Ave., Anaheim, CA 92805 Date(s) of Trip: Tuesday, May 17, 2022

Special Instructions: First 150 students to submit to the ASB Office. First come, first served. WEAR BELLFLOWER SPIRIT GEAR. Return to school after the game depends on the time the game is over. Approximate return time is by 7:00pm

**Type of Transportation: Check One**

Walking  District owned vehicles  Chartered vehicles  Public Transportation  Privately owned vehicles

Time of Departure: 2:00 PM Time of Return: 7:00 PM Leaving from: BHS - McNab Gate Returning to: BHS - McNab Gate

**Please tear here and keep the top portion. Return the bottom portion to the school.**

**To be completed by Parent/Guardian:**

\_\_\_\_\_, \_\_\_\_\_ has permission to participate in the following Field Learning Experience.  
(Student's Last Name) (Student's First Name)

**Varsity Baseball CIF Semi-Finals Game**  
School: Bellflower Middle/High School Field Trip Location: Anaheim High School - 811 W. Lincoln Ave., Anaheim, CA 92805

**Release and Covenant Not to File a Claim**

I/We the undersigned, for himself and personal representatives, assigns, heirs, and next of kin, as well as for any minor for whom this Release and Covenant Not to File a Claim is executed, or that minor's personal representative, assigns, heirs and next of kin; hereby **RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO FILE A CLAIM** against the Bellflower Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the field trip or excursion that is the subject of this authorization (Education Code Section 35330).

The undersigned acknowledges that the field trip or excursion addressed by this release is completely **VOLUNTARY**. Attendance is not required by Bellflower Unified School District or any of its agents or employees. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, medical treatment authorization, anesthetic, medical, dental or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my child's safety and welfare, I understand that the resulting expenses will be the responsibility of the parent/guardian.

I understand this field trip may be cancelled at any time for security reasons. In the event of such cancellation by the district, I accept any and all financial risks or penalties imposed by any of the vendors providing services for travel, accommodations, or other trip-related services as a result of cancellation.

*My signature below also signifies that I have counseled the student named above on proper conduct while enroute to and from, while attending the event described and I do hereby agree to take full responsibility for any improper conduct on his or her part.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print Name

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Student's Signature if 18 or over, or if emancipated minor

\_\_\_\_\_  
Student's Date of Birth:

Medical Insurance Company: \_\_\_\_\_  
(e.g., Kaiser)

\_\_\_\_\_  
Policy Number:

If Parent/Guardian is not available, please notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**STUDENT COMMITMENT**

My signature signifies that while enroute to and from, and while attending the event described above, I agree to engage in no improper conduct and to act at all times in a responsible manner.

<b>Student Signature:</b> _____	<b>Date:</b> _____
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