

**VOLUNTARY EXCURSION/FIELD TRIP WAIVER  
AND MEDICAL AUTHORIZATION - MINOR**

I hereby authorize my child \_\_\_\_\_  
to participate in the off-campus field trip described below.

DATE July 2-10, 2008

PLACE Calgary, Alberta, Canada

DEPARTURE TIME morning

ESTIMATED RETURN TIME evening

TEACHER John Hannan

GRADE \_\_\_\_\_

Trip to Calgary, Alberta with MVHS Marching Band and Color Guard.

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.

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 his/her and/or parents' expense.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Family Medical Insurance Policy Number

\_\_\_\_\_  
Address

**A SPECIAL NOTE TO PARENTS/GUARDIANS:**

- (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)  check here if there are no special problems that the staff should be aware of and no drugs are required on the trip;
- (4) If any medication or drugs are to be taken by student, list them here:

Name of drug and reason: \_\_\_\_\_

If your son or daughter has a special medical problem, kindly attach a description of that problem to this form.