

2018-2019

<input type="checkbox"/> MUN IS	_____	,	_____	_____
<input type="checkbox"/> Novice	Last Name		First Name	Student Cell Phone
<input type="checkbox"/> Middle School				

This form will accompany the advisor at all times during a conference. A copy will be kept on file at Whitney.

**ABC UNIFIED SCHOOL DISTRICT
RISK MANAGEMENT DEPARTMENT**
16700 Norwalk Boulevard, Cerritos, CA 90703

DISTRICT-SPONSORED VOLUNTARY ATTENDANCE
PARENT PERMISSION AND ASSUMPTION OF RISK

Student's Name: _____ has my permission to participate in some or all of the following field trips in the 2017-2018 school year:

Nature of Activity: **Novice / Intermediate / Advanced Model U.N. Conferences**

Persons in Charge: S. Rosenberg / M. Nicholson Position: Advisors School: Whitney High

Type of Transportation: Bus Transportation / Private Transportation / Air Transportation

Health or special needs?: Please check as appropriate:

<input type="checkbox"/>	My student has no special health needs the staff should be aware of and no medication required on the trip.
<input type="checkbox"/>	My student has a special need, and instructions are attached.
<input type="checkbox"/>	Other? (please include an attachment):

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.

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

Parent or Guardian Signature: _____ Work Number: _____

Parent or Guardian Printed Name: _____ Home Number: _____

Date: _____ Student's Signature _____ Date of Birth _____

Family Medical Insurance Carrier: _____ Policy Number: _____

In the event of an emergency, please contact: _____

Relationship _____ Work Phone Number _____ Home Phone Number _____

Any changes or revisions to this form can be submitted in writing or email to steve.rosenberg@abcusd.us. You can also download and resubmit this form at www.rosenworld.com.