



Pathways to College K-8  
 P.O. Box 401448  
 Hesperia, CA 92340-1448  
 Phone 760-949-8002/Fax 760-947-9648  
 CDS 36-75044-011-2441

**Parent/Guardian Off-Campus Permission, Waiver & Medical Authorization for Minor Students**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My child, the above named student, has permission to attend the following off campus trip:

Location: Forever Wild Exotic Animal Sanctuary 8545 Buttemere Rd

Departure Date: 9, 16, 16 Departure Time: 9:30 AM/PM

Return Date: 9, 16, 16 Return Time: 1:30 AM/PM

Phelan, CA 92371  
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\*\*NO BUS\*\* parent drop off + pick up from location

Please initial and complete the following as applicable: \_\_\_\_\_

\_\_\_\_\_ I understand that my child is subject to the same rules that apply at school, and that he/she may be sent home at my expense for breaking any of the rules of the activity.

\_\_\_\_\_ My child has **NO** special health needs that the staff should be aware of and no medication is required on this trip.

\_\_\_\_\_ My student has the following health need(s): \_\_\_\_\_

\_\_\_\_\_ My student will need the following medication\*: \_\_\_\_\_

(Please note that all medications need to be dispensed by a staff member)

\*In accordance with Pathways to College Board Policy, a written statement from the physician who prescribed this medication detailing the method, dosage and the time schedules in which such medication is to be taken must be provided to the school office and/or the certified employee in charge of this trip.

In the event of illness or injury, I do hereby consent to whatever x-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care as necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital of faculty furnishing the medical or dental services.

As stated in the Pathways to College Board Policy, I understand that I hold the state of California and the Hesperia Unified School District, Pathways to College 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name and Relationship to Student

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name and Relationship to Student