

AUTHORIZATION FOR SCHOOL-SPONSORED TRIPS



A Tradition of Excellence

1401 Broadway Avenue
Atwater CA 95301

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact and Telephone No:	
Field Trip Destination:	
Date of Trip:	
Expected Departure Time:	
Expected Return Time:	
Method of Transportation:	
Supervising Teacher/Sponsor:	

My child has no medical conditions/medications that the staff should be aware of, and no medication is required on the trip.

My child has the following medical condition which may require your attention (include medication allergies):

My child has medication at school that should accompany him/her on the field trip*(Indicate name of medication): _____

*Must have completed Medication Authorization on file that is signed by a health care provider and parent.

By signing below, I acknowledge and agree as follows:

1. Participation in this field trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the field trip. I request that the student be allowed to participate, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the manner described above.
2. California Ed Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district of the State of California for injury, accident, illness, or death during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agent of employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this field trip.
3. The Supervising Teacher or Sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as the Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure to follow field trip rules or safety requirements may result in the student being sent home, at my expense and that the student may be barred as a result from future field trips.
4. Emergency medical information regarding the student is on file with the District and is current. If an injury or medical emergency occurs during the field trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Guardian Signature _____ Date _____

DO NOT COMPLETE THIS SECTION UNLESS YOUR CHILD WILL NOT BE RIDING THE BUS

It is understood that when district transportation is provided for students traveling on study trips, athletic trips, band/choir trips or any other excursions other than routine home-to-school transportation, students may be released from using district transportation only with the advance permission of the parent/guardian. Furthermore, the request must be approved in writing prior to the trip by the site principal or his/her designee (district-employed administrator). The student may only be released to his/her parent/guardian for alternative transportation.

I, the parent/guardian of _____, request permission to provide transportation
(Check One): ___ TO ___ FROM ___ TO AND FROM this event.

Parent or Legal Guardian's Signature: _____ Date: _____