

Student Field Trip Authorization

No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip. Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

Student Name:		Address (Street/POB):	Address (Street/POB):	
Grade: DOB:		Address (City/Zip):		
School:		Home Telephone:		
Emergency Contact & T	elephone No.:			
Field Trip Destination:				
Date of Trip:				
Expected Departure Tim	ie:			
Expected Return Time:				
Method of Transportatio	n:			
Supervising Teacher/Sp	onsor:			
Medical Conditions/Med	ications:			
By signing below, I ack	nowledge and agree as f	ollows:		
Teacher/Sponsor an District owned/opera 2. California Education against the district o understand and agre	d/or adult chaperones, with ted vehicles). Code Section 35330 states of the State of California for the that I cannot hold the Divith, the Student's participa	e Student be allowed to participate in the Field Trip, und transportation to be provided in the described manner (who is that: "All persons making the field trip or excursion shall injury, accident, illness, or death occurring during or by ristrict, its officers, agents, or employees liable for any clation in this Field Trip. [Adults participating in out-of-state Figure 1]	be deemed to have waived all clain reason of the field trip or excursion. im arising out of, or which is in son	
Trip, which may inc including death. Stu- standards for respec	lude dangerous or hazard dents are required to obey t of persons and property a	is Field Trip rules and safety requirements with students a bus conditions or circumstances exposing the Student to all rules and safety requirements of the Field Trip, as w nd good behavior. I understand and agree that failure of the eing sent home, at my expense, and that the Student may	o potential harm or injury, potentia ell as Codes of Conduct and gene ne Student to follow Field Trip rules	
necessary) If an ing permission to admin urgent care or emero may be delayed. The and/or to provide me	ury or medical emergency istrator or to authorize the gency care provider. In such erefore, any urgent or eme edical care or treatment (inc	Student is on file with the District and is current. (Provide occurs during the Field Trip, a Supervising Teacher, Sp administration of urgent or emergency care, including the circumstances, notice to me and/or the Emergency Contaggency care provider has my express authority to conductuding surgery), as they may deem reasonable or necessare are solely my responsibility.	onsor or chaperone has my expre be transportation of the Student to act of the injury or medical emergen t diagnostic or anesthetic procedure	
Signature of Pare	nt/Guardian	Printed Name	 Date	
Date Received by School: _		Received by:		