

**SAN JUAN UNIFIED SCHOOL DISTRICT
FIELD TRIP PERMISSION/EMERGENCY INFORMATION**

School Name _____ Teacher's Name _____

Field Trip Destination _____

Departure Date _____ Time _____ am/pm Return Date _____ Time _____ am/pm

TRANSPORTATION: _____ Walking _____ Private Vehicle (Volunteer Drivers) _____ District _____ Commercial _____

INFORMATION: Education Code Section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with courses of instruction of school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary. As a voluntary event, no special attendance credit is given for participation, and an alternative activity at school will be provided if my child does not participate.

PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student _____ Parent/Guardian _____

Home # _____ Work # _____ Cell # _____

PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING STUDENT'S HEALTH:

____ My child has no known health problems.

____ My child has the following health problems: _____

(Please identify any medication that the child may need during the course of this trip.)

PLEASE CHECK #1 OR #2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

____ 1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.** If your child is injured on a field trip, contact Risk Management at (916) 971-7756 for a claim form.

Physician's Name _____ Phone # _____

Medical Insurance Name (Kaiser, etc.) _____ Medical # _____

____ 2. I do not choose the above statement and desire the following action to be taken: _____

WAIVER: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (Education Code Section 35330) I acknowledge that as a condition of my child's participation, I agree this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees. Further, I agree to indemnify and hold harmless the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/field trip or event.

I understand that participation in this field trip involves a certain degree of risk. I have carefully considered the risk involved and consent for my child to participate in the field trip.

My signature below authorizes my child to participate in the field trip:

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

(Original Form to be carried by person transporting student.)

Teacher to return original form to school office after field trip.