

Field Trip Permission Slip

Emergency Info/Agreement/ Waiver and Release

School Name: _____ ES Name: _____

Field Trip: _____ Proposed Activity Date: ___/___/___

Parent/Guardian to Complete Emergency Information:

Parent #: _____ Parent/Guardian Name: _____

Parent Mailing Address: _____

Day of Event Phone#: _____ Email address: _____

Alternate Emergency Contact Phone #: _____

Student Names and ID numbers (list all students attending the FT) if needed, list multiple students per box.

1. _____	3. _____
2. _____	4. _____

Do you approve of pictures from the event that may include your child being used on the school's social media and website? YES NO

Please initial 1 OR 2 below to indicate required 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 that said Physician is not available at any time, I authorize such care and treatment to be performed by licensed Physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING.

Physician's Name: _____ Phone #: _____

Medical Insurance: _____ Policy #: _____

Medical Alerts: (write N/A if not applicable) _____

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

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 or 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.**

Waiver: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring or by reason of the field trip or excursion. All adults taking out of state field trips or excursions and all parents or guardians of pupils taking out of state field trips or excursions shall sign a statement waiving such claims". (Ed.Code Sec.35330.)

I acknowledge that my participation in this Activity is not required by "the School", or any teacher or employee of "the School" and is voluntary. I understand that in determining that participation in this Activity has educational value, "the School" has not investigated or approved its safety, the qualifications or financial responsibility of any person or firm involved in the Activity, or the facilities or equipment to be used. In addition, "the School" has not provided or approved transportation to or from this Activity. All participants are expected to secure their own transportation to and from the Activity. I hereby waive, release and discharge "the School" from any and all claims for damages or personal injury, death, or property damage which I may have, or which may hereafter occur as a result of my participation in the Activity. It is understood that the Activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

My signature on this form shall constitute an informed and knowing waiver as required by law. I acknowledge that I have carefully read this agreement, waiver, and release and fully understand its contents, and have provided emergency information. I am aware that this release of liability is a contract between myself and "the school". My signature below also authorizes my student(s) to participate in this voluntary group educational activity.

Parent/guardian Signature: _____ Date: ___/___/___

If parent/guardian is unable to attend the activity with the student(s) a chaperone must be designated by the parent:

Chaperone Name: _____ Phone Number: _____ Relationship: _____ © IEM