



DAY FIELD TRIP PERMISSION FORM AND WAIVER

(Use this form for standard day trips only)

(Overnight, Out of State or Experiential Field Trips must use Overnight/Experiential Field Trip Form)

Your child has received charter school approval to participate in a field trip. Under the California Educational Code and Board Policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher and/or school administrator, or certified athletic coach in the case of a same day athletic event, and all precautions are taken to ensure each student's welfare.

Student Name: _____

Field Trip Location and Address: _____

The trip will depart from and return to: *(school name)* _____

Field Trip Date: _____ Departure Time: _____ Return Time: _____

Trip Description. The field trip will involve the following activities: *(Teacher: describe trip and activities in detail):*

Class or group attending: _____ Number of Students: _____

Items Student Should Bring *(if any):* _____

Names of teacher(s), staff, coach(es), chaperone(s)*(Teacher: next to each name, indicate whether adult is a teacher, staff, coach or chaperone).*

Transportation. *(Describe transportation (ie) walking, public transportation, school bus, charter bus, private automobiles)*

DISCLAIMER: This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions. You are encouraged to retain your own expert consultants and legal advisors in order to develop a risk management plan specific to your Charter School.



If traveling by automobile, name(s) of approved driver(s): _____

(Note: Volunteer drivers must complete the Driver Application Form prior to Field Trip)

WAIVER OF CLAIM: I understand that AB 766 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the Charter School for injury, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the Charter School and the CCSA JPA (and their officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the Charter School, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand this field trip is optional and attendance by my child is not required and that an alternative activity at Charter School will be provided if I do not give permission for my child to participate.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.
3. I understand that all field trips begin and end at the School and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/legal guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered 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 or facility furnishing medical or dental services.

PARENT/LEGAL GUARDIAN SECTION: MUST BE COMPLETED

Print Name(s) of Parent/Legal Guardian: _____
Parent/ Legal Guardian Work Phone: _____
Parent/ Legal Guardian Work Phone: _____
Emergency Contact Person: _____
Emergency Phone Number: _____
Pagers, cell phones, e-mail: _____
Physician/Health Insurance Name: _____
Policy Number: _____

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Phone: _____
 Student's Critical Medical Needs/Allergies/Conditions: _____

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Date: _____ Parent /Legal Guardian Signature: _____

CHAPERONES: If agreement has been reached with the supervising teacher, and I chaperone students on this trip, I will comply with all Charter School requirements pertaining to the chaperoning of students.

Print Name _____ Signature _____

TEACHERS' APPROVAL OF STUDENT'S PARTICIPATION IN FIELD TRIP

- | | |
|------------------------------------|------------------------------------|
| 1 _____
(Subject and Signature) | 5 _____
(Subject and Signature) |
| 2 _____
(Subject and Signature) | 6 _____
(Subject and Signature) |
| 3 _____
(Subject and Signature) | 7 _____
(Subject and Signature) |
| 4 _____
(Subject and Signature) | (Add Addl. Sheets as Needed) |

 Administrator's Approval

 Counselor's Approval

For High Schools Only. With the teacher's approval, a high school student may wish to meet at and/or leave from the destination on his/her own. If this choice applies to your child and you approve, please sign below. Otherwise, he/she will leave and arrive with the supervising teacher. Under this option, the school will not be liable for any incidents that may occur. Additionally, your child may not transport any other students.

"I certify that my son/daughter has a valid driver's license and that the vehicle is properly registered and has full liability insurance coverage. My high school student has my permission to drive to and from the destination for field trip referenced in this document on his/her own and I accept full responsibility."

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CALIFORNIA CHARTER SCHOOLS ASSOCIATION
JOINT POWERS AUTHORITY

Parent/Legal Guardian signature: _____ Date: _____

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