SAN FRANCISCO UNIFIED SCHOOL DISTRICT 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)

Under the California Education Code and Board Policy, students may engage in field trips to enrich and complement their educational experience. With your consent, your child is participating in the Student Mentor Program. As part of this program, mentors may take mentees on field trips, which can include both group and one-on-one trips, as indicated below. Please review the list of proposed trips below and initial every trip that you will authorize. Please read this entire form and sign and date at the end if you agree to all terms. Thank you.

Student Name: _____

Mentor Name:

The trips will depart from and return to: (school name)

Field Trip Location and Address	Field Trip Date	Departure and Return Time	Adult Supervisor(s) of Trip and Titles of Supervisors	Number of Students Attending Trip	Parent Initial

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

Items Student Should Bring (if any):

Transportation. (Describe transportation for each trip (ie) walking, MUNI, BART, Caltrain, schoolbus, charter bus, private automobiles)

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

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

WAIVER OF CLAIM: I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California 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 State of California or the San Francisco Unified School District (and its officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers, employees or agents of the District, 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 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.
- 4. The District provides all students with Field Trip Accident Insurance that covers 100% of reasonable and customary charges up to \$25,000.00 per claim, with no deductible amount. I understand that in order to make an insurance claim, I must complete, or cooperate with school personnel and the attending physician or dentist in completing an accident claim form, which is available at the School. I shall submit the claim form according to the instructions on the form. I understand that the District provides this insurance as a courtesy and, in no way, is responsible for the making, granting, or denying of insurance claims.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/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/GUARDIAN SECTION: MUST BE COMPLETED

Print Name(s) of Parent/Guardian:				
Parent/Guardian Work Phone:				
Parent/Guardian Work Phone:				
Emergency Contact Person:				
Emergency Phone Number:				
Pagers, cell phones, e-mail:				
Physician/Health Insurance Name:				
Policy Number:				
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 all field trips initialed by me above.

Date: Parent /Guardian Signature: _____

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

Print Name

Signature

FOR MIDDLE AND HIGH SCHOOLS ONLY TEACHERS' APPROVAL OF STUDENT'S PARTICIPATION IN FIELD TRIP

1°		5°	
	(Subject and Signature)		(Subject and Signature)
2°		6°	
	(Subject and Signature)		(Subject and Signature)
3°		7°	
	(Subject and Signature)		(Subject and Signature)
4°			
	(Subject and Signature)		
	Administrator's Approval		Counselor's Approval

(Text of Pre-printed Permission Form has been approved as to Form by District Legal Office.)