

**SWEETWATER UNION HIGH SCHOOL DISTRICT  
REQUEST FOR EXCURSION/FIELD TRIP**

Date \_\_\_\_\_

SCHOOL \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Trip Information

1. Sponsoring agency/group \_\_\_\_\_

2. In the event of a potential Revocation of District Authorization for Excursion/Field Trip, the following are the two key contacts the Superintendent and/or his designee may direct all correspondence to:  
Name: \_\_\_\_\_ Hm. # \_\_\_\_\_ Wk. # \_\_\_\_\_ Email \_\_\_\_\_  
Name: \_\_\_\_\_ Hm. # \_\_\_\_\_ Wk. # \_\_\_\_\_ Email \_\_\_\_\_

3. Destination (Attach itinerary if more than one stopover is involved)  
\_\_\_\_\_  
\_\_\_\_\_

4. Expected day/time of departure \_\_\_\_\_

5. Number of overnight stays \_\_\_\_\_ Comment \_\_\_\_\_

6. Number of days of travel \_\_\_\_\_ Comment \_\_\_\_\_

7. Expected day/time of return \_\_\_\_\_

8. Purpose (Goals/objectives with clear indication of relationship of the proposed field trip to the district course of study. Attach separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Certificated staff member responsible \_\_\_\_\_

10. Number of participants (Less adult chaperones) \_\_\_\_\_

11. Number of adult chaperones, less certificated staff member responsible \_\_\_\_\_

12. Transportation will be provided by:  
 District bus       Commercial carrier (Charter Bus)       Private vehicle\*  
\*If using a private vehicle, please complete Driver Information Sheet (Form 4124-03, Exhibit 4) and submit to the Office of Fiscal Services.

13. If by commercial carrier\*, the company providing transportation: \_\_\_\_\_  
\*You may only use a commercial carrier that has been approved by the board of trustees.

14. Projected costs: Total \_\_\_\_\_ Per participant \_\_\_\_\_ Funding Source \_\_\_\_\_  
(i.e. Cat./Grant.)

15. Insurance:  
Health Insurance: Policy Number \_\_\_\_\_ Carrier \_\_\_\_\_  
Student Accident Insurance: Amt. of Coverage \$ \_\_\_\_\_ Carrier \_\_\_\_\_

16. The following has been complied with or will be complied with prior to departure:

- I. For one-day excursion/field trips, principal's approval required; (please complete the following)
- a. Parent permission slip for student participation on file exempting the district from all financial responsibility.
  - b. Adequate optional illness, accident and death insurance provided for all participating students and adults.

(Supplemental Health/Accident Insurance available for a nominal fee through provider of student accident insurance.)

- c. If out of country, written assurance of sufficient funds to cover all travel and expenses, executed and filed.
- d. Written assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds.
- e. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.

II. For two-days overnight excursion/field trips, Board of Trustees approval required; (please complete the following)

- a. Parent permission slip for student participation and **Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization** on file exempting the district from all financial responsibility.
- b. If out-of-state, statement specifying public funds will not be utilized for anything other than salaries, executed and filed.
- c. If out-of-state, waiver of claims and hold harmless agreements executed by each adult and parent or guardian of each student participating in the field trip, and filed.
- d. Adequate optional illness, accident and death insurance provided for all participating students and parents. (Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.)
- e. Required liability insurance provided when using private vehicle and commercial carrier.
- f. If out-of-country, assurance of sufficient funds to cover all travel and living expenses, executed and filed.
- g. Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
- h. If out-of-state, assurance that sufficient "cancellation" insurance has been investigated and **Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization** (Form No. 4020-03) is on file exempting the district from all financial responsibility in the event the activity is cancelled.
- i. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
- j. If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.

Person proposing excursion/field trip \_\_\_\_\_  
Principal \_\_\_\_\_ Additional authority, of other than principal \_\_\_\_\_

SWEETWATER UNION HIGH SCHOOL DISTRICT  
PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Name: \_\_\_\_\_, has my permission to attend \_\_\_\_\_

\_\_\_\_\_ which will take place at \_\_\_\_\_  
(activity/Event)

Date of event: \_\_\_\_\_ Depart time: \_\_\_\_\_ Return time: \_\_\_\_\_

Class or group attending \_\_\_\_\_ Teacher/leader \_\_\_\_\_

Method of transportation \_\_\_\_\_ If traveling by automobile,  
Name of driver/Drivers \_\_\_\_\_  
License # \_\_\_\_\_ D.L. # \_\_\_\_\_

1.  I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2.  I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are \_\_\_\_\_are not \_\_\_\_\_considered by the district to be of "high risk" to the participants.

**Education Code §35330 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. 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."

In accordance with this statute, and in consideration of my son/daughter's participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, **and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act or war,** except for any claims based upon the fraud, willful injury to person pr property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter's conduct while participating in said field trip or excursion.

Cold sack lunches are available from the school cafeteria. Students who qualify may receive meals at no cost. All others must purchase or bring lunch.

In the event of any of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter's safety and welfare. I agree that the resulting expenses will be my responsibility.

Signature of Parent/Guardian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cellular telephone # to contact Parent or Guardian during event	Date
Health Insurance Company		Policy Number