

Los Alamitos Unified School District
PARENTAL CONSENT FOR OUT-OF-STATE FIELD TRIP PARTICIPATION

**Students may NOT DRIVE
themselves to field trip activities.**

School _____

A trip is planned to _____

Date of trip _____ Instructor in charge _____

Departure time _____ Return time _____

Type of activity _____

Transportation, if needed, provided by District bus/van Chartered bus/van Private vehicle

1. As stated in the California Education Code 35330, "All persons making the field trip or excursion shall be deemed to have waived all claims against Los Alamitos Unified School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

2. In the event of illness or injury, I 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 a member of the medical staff of the hospital or facility furnishing medical or dental services.

3. I fully understand that participants are to abide by all District/school rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

4. Should travel be delayed or the stay be extended for any reason, the parent/guardian will be responsible for any additional costs. The purchase of travel insurance is advised.

5. My child may take the following medication(s) (please attach a list) as prescribed, and the medicine has been given to the appropriate adult chaperone.

PRINT STUDENT NAME: _____ Grade _____

Address: _____ City/State/ZIP _____

My child may participate in this voluntary field trip/excursion.

I do not want my child to participate in this voluntary field trip/excursion.

Father/Guardian Name _____ Phone (____) _____

Phone (____) _____

Mother/Guardian Name _____ Phone (____) _____

Phone (____) _____

Emergency Contact: _____ Phone (____) _____

(if unable to reach parent/guardian)

Providing the following medical information is voluntary:

Doctor's Name _____ Phone (____) _____

Name of Medical Insurance Carrier _____ Policy # _____

OUT OF STATE FIELD TRIP RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

By signing below, I give my consent to have my child (print child's name): _____ voluntarily attend this field trip. I understand that this out-of-state field trip is not a required activity of my child's class. While field trip attendance is encouraged, it is not required. An alternative activity will be provided at the school site if my child does not attend this field trip.

1. Due to concern for safety and security when traveling in the U.S. and abroad, the Board of Education may, on a case-by-case basis, rescind its approval for an extended/overnight field trip. In addition to safety, another concern for these types of field trips is the deposit money that is paid, often months prior to departure, which may need to be forfeited should the Board rescind approval of the field trip. Teachers and other organizers of overnight/extended field trips must be certain when making arrangements with a travel agent that the deposit money will be refunded if the Board of Education rescinds its approval. The District policy must be made clear to the parent and the tour organizer/travel agent, and all deposits must be refundable to parents. In addition, a waiver of liability with the District must be signed by all field trip participants.

2. As stated in Education code section 35330, "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."

3. The undersigned agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the participation of my son/daughter in the out-of-state field trip, and

4. The undersigned hereby assumes full responsibility for the risk of bodily injury, death, or property damage while my son/daughter is participating in the out-of-state field trip, and

5. The undersigned further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. The undersigned agrees to indemnify and save and hold harmless the Los Alamitos Unified School District of any non-refundable deposits. Refundable deposits or travel insurance is required.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY

Signature of Parent/Guardian _____ Date: _____