

MWHS Field Trip Packet Check List

(Return documents to the Activities Secretary)

- ❖ Check your date with the Master Calendar.
- ❖ NO TRIPS during STAR & CAHSEE testing.
- ❖ Paperwork must meet both MWHS Admin. and Board agenda deadlines (submit at least 30 days prior to Event Date).

Date submitted: _____

☐ Please check box if trip is over 75 miles AND/OR overnight

Teacher: _____ Club: _____ # of Students _____

Destination: _____ Event: _____

Purpose/Details: _____

Projected Cost: \$ _____ Budget/Acct #: _____ Fundraising? Y N

Departure Date: _____ Time: _____ / Return Date: _____ Time: _____

ADMIN. APPROVAL: Y / N	DATE:	BOARD MTG DATE:	APPROVAL: Y / N
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CHECKLIST:

- ☐ 6153a **REQUEST FOR BOARD APPROVAL**
- ☐ 6153b **INSTRUCTOR/SUPERVISOR WAIVER & CONSENT**
- ☐ 6153e **CERTIFICATE OF FINANCIAL SECURITY**
- ☐ **List of Students** [if students will miss instructional time, you must email the Attendance Office with a student roster two weeks prior to your event so they can notify the teaching staff]
- ☐ **Itinerary** [Make your itinerary as detailed as possible, if overnight, include bed checks]
- ☐ **Conference Attendance Form** [if applicable, for \$ reimbursement]
- ☐ **Conference Registration** Form [if applicable]
- ☐ **TRANSPORTATION REQUEST FORM**- [if a school bus/charter bus is needed. Call Transportation –Ext. 7593 in advance for availability of a charter bus, and the date will be held for you]
- ☐ **GS-1 REQUISITION FORM** for the bus/hotel/tickets [if using ASB account, include ASB act #]
- ☐ **SUBSTITUTE REQUEST FORM** [if applicable]
- ☐ 6153c **Voluntary Excursion/Field Trip Notice and Medical Authorization** form for a MINOR. One form per student. Must be signed by the parent/legal guardian. A copy of these forms are kept by the teacher and taken on the trip. Please make an additional copy for Activities Secretary to keep in office.
- ☐ 6153d **Voluntary Excursion/Field Trip Notice and Medical Authorization** form for an ADULT. One form per adult, including the teacher. A copy of these forms are kept by the teacher and taken on the trip. Please make an additional copy for Activities Secretary to keep in office.

Vehicle Guidelines & Forms [use where applicable]

- ☐ 6153(g) Personal Vehicle Use Guidelines *[if applicable]*
- ☐ 6153(h) & (i) Waivers and License Background Checks *[if applicable]*
- ☐ 6153(j) Non-District Vehicle Driven by District Person *[if applicable]*
- ☐ 6153(k) Non-District Vehicle Driven by Non-District Person *[if applicable]*
- ☐ 6153(l) Minor-Class/Activity Registration *[if applicable]*
- ☐ 6153(m) Employee/Volunteer Personal Vehicle Use *[if applicable]*

**VISALIA UNIFIED SCHOOL DISTRICT
REQUEST FOR BOARD APPROVAL OF
STUDENT FIELD TRIP**

☐ Under 75 miles
☐ Over 75 miles
☐ Overnight
☐ Out of state
☐ Out of country
☐ Competitive
☐ Non-competitive

1. Title and/or purpose of trip _____

2. Inclusive dates of trip: From _____ Through _____
3. Destination and/or description of itinerary _____

4. Means of transportation _____

5. Expenses to be paid by _____
Otherwise known as the sponsoring group.
Budget Number (if applicable) _____
6. Attached is an outline of the sponsoring group's plans for fund raising activities, accounting of funds raised and expended, and return of funds not used.
7. Attached is a sponsoring group waiver, exempting the Board from financial responsibility and specifying that public funds will not be utilized for this trip.
8. Total Number of Students _____ Grade Level(s) _____
A list of students must be submitted prior to departure.
9. Names and addresses of instructors/supervisors for the field trip

10. School at which students are enrolled _____

Dated _____, 20____

Signature of Person Submitting Request

I certify compliance with the requirements of the appropriate Administrative Regulation

Dated _____, 20____

Signature of School Principal

Dated _____, 20____

Signature of Area Superintendent

_____ Under 75 miles
 _____ Over 75 miles
 _____ Overnight
 _____ Out of state
 _____ Out of country
 _____ Competitive
 _____ Non-competitive

VISALIA UNIFIED SCHOOL DISTRICT
EDUCATIONAL ACTIVITIES - STUDENT TRIP
INSTRUCTOR/SUPERVISOR WAIVER AND CONSENT

Education Code Section 35330 states in part: "The governing board of any school district or the county superintendent of schools of any county may: (a) Conduct field trips or excursions 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 states,...or a foreign country...A field trip or excursion to and from a foreign country may be permitted to familiarize students with the language, history, geography, natural sciences, and other studies relative to the district's course of study for such students, pupils... (b) Engage such instructors, supervisors, and other personnel as desired to contribute their services over and above the normal period for which they are employed by the district, if necessary, and provide equipment and supplies for such field trip or excursion."

"...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 any 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."

I, the undersigned, do hereby offer to the district my services on a voluntary basis as instructor/
supervisor for the field trip to _____
scheduled on _____, 20 ____ through _____, 20 ____.

I recognize this is not a school-required trip and that my participation is entirely voluntary. As required by the above quoted Education Code Section, I expressly waive all claims against the Visalia Unified School District and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip.

Dated _____, 20____

Instructor/Supervisor Signature

Revised: July 23, 2001

Revised: January 26, 2009

_____ Under 75 miles
_____ Over 75 miles
_____ Overnight
_____ Out of state
_____ Out of country
_____ Competitive
_____ Non-competitive

VISALIA UNIFIED SCHOOL DISTRICT EDUCATIONAL ACTIVITIES - STUDENT TRIP

CERTIFICATION OF FINANCIAL SECURITY

I certify under penalty of perjury that the foregoing is true and correct:

That financial security has been established sufficient to cover the traveling and living expenses for all participants, and

That no student will be excluded from the trip solely because of insufficient funds.

Date

School Site

Signature - Principal of School

Signature – Area Superintendent

1/27/98

Revised: July 23, 2001

Revised: January 23, 2009



E 6153 (c)

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND
MEDICAL AUTHORIZATION - MINOR**

Dear Parent/Guardian:

Please complete and return this form to: _____.

My son/daughter _____ has my permission to participate in the following voluntary activity: _____.

Destination: _____ Transportation Provided By: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

As stated in California Education Code Section 35330, I understand that I hold Visalia Unified School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

"Education Code Section 35330 states in part: "The governing board of any school district or the county superintendent of schools of any county may: (a) Conduct field trips or excursions 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 states, or a foreign country...A field trip or excursion to and from a foreign country may be permitted to familiarize students with the language, history, geography, natural sciences, and other studies relative to the district's course of study for such students, pupils... (b) Engage such instructors, supervisors, and other personnel as desired to contribute their services over and above the normal period for which they are employed by the district, if necessary, and provide equipment and supplies for such field trip or excursion."

"...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 any 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 the event of illness or injury, 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 a member of the medical staff of the hospital or facility furnishing medical or dental services.

Medical Insurance Carrier	Policy No.	Address
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☐ Check here if there are no special health issues that the staff should be aware of and no medications are required on the trip.

☐ Check here if your child has a health condition and/or requires medication.

A special note to Parent/Guardian: (1) All medications must have the appropriate Medication in School Form completed by a licensed healthcare provider, unless the parent is attending the trip and will be administering the medication to their child; (2) All medications, except those which must be kept on the student's person for emergency use, must be kept in a labeled container and distributed by the staff; (3) If any medication is to be taken by student, list below:

Name of medication: _____ Time medication must be taken: _____

Reason: _____

If your son or daughter has a special medical issue, please briefly indicate in space provided

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

Parent/Guardian Signature: _____

Date: _____

Address: _____

Phone: _____

Student Signature: _____

Date of Birth: _____

2/2/2017



MEDICATION IN SCHOOL FORM
(For Prescription and Over-The-Counter Drugs)

TO: SCHOOL ADMINISTRATOR Date: _____

ATTN: SCHOOL NURSE School: _____ Grade: _____

PARENT (Please complete): I give consent for school personnel to provide medication as ordered for my child. I also give consent for the school nurse and my child's medical care provider to exchange medication information regarding my child.

Student Name: _____ Birthdate: _____

Address: _____ Phone Number: _____

Parent/Guardian signature

Students may carry their inhaler or Epi-pen at school if the physician specifically states this on the order. Parents are responsible for providing the medication daily and will hold harmless school personnel with regard to their child's medication at school.

Licensed Healthcare Provider (Please complete):

Medication is absolutely necessary at school for the following reason:

Medication: _____

Dosage: _____

Time Limit (i.e. 3 months, 6 months, 1 year*): _____

May carry inhaler: yes__ no__ May carry Epi-Pen: yes__ no__

Date: _____

Prescribing Healthcare Provider signature/title (MD, DO, FNP, PA)

Provider address: _____ Provider phone: _____

THIS REPORT IS TO BE RETURNED TO THE SCHOOL NURSE OR ADMINISTRATOR BY PARENT OR DOCTOR

MEDICATION IN SCHOOL

California Ed. Code 49423 states that medication can be given at school with the following provisions:

1. A request in writing signed by the parent and.....
2. An order in writing from the physician giving instructions for medication dosage, and the method of administration. No medications can be given without a physician's signature.
3. **Medication must be in the original & current prescription container.**
4. A medication in school form must be completed each school year for long term medications.

**This form is only valid for the current school year.*



VOLUNTARY EXCURSION/FIELD TRIP WAIVER NOTICE
AND MEDICAL AUTHORIZATION - ADULT

School Site: _____

Activity: _____

Destination: _____

Transportation Provided by: _____

Departure Date: _____ Time: _____ AM/PM

Return Date: _____ Time: _____ AM/PM

As stated in California Education Code Section 35330, I understand that I hold the Visalia Unified School District, its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity.

I REALIZE THAT UNANTICIPATED AND UNEXPECTED DANGER MAY ARISE WHILE THE EVENT IS IN PROGRESS AND DURING OTHER ACTIVITIES ASSOCIATED WITH THIS EVENT. I VOLUNTARILY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, DEATH OR DAMAGES OF ANY NATURE RESULTING DIRECTLY OR INDIRECTLY FROM PARTICIPATION IN THIS EVENT.

In the event of any illness or injury, 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 safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Print Name: _____ Date: _____

Signature: _____ Phone No.: _____

Address: _____

Personal Health Insurance Company: _____ Group No.: _____

In the event of illness or accident, please notify:

Name: _____ Phone No.: _____

Address: _____ Relationship: _____

If you have any special medical problems or if you are currently taking prescription medicine, please attach a description of each to this sheet.

1/27/98

Revised: July 23, 2001

Revised: January 23, 2009

Craig Wheaton Ed.D.
Superintendent

Mark A. Fulmer, Ed.D.
Assistant Superintendent
Administrative Services

Terry J. White
Director Administrative Services



Board of Education
Rodney Elder
Juan R. Guerrero
Larry Jones
Michael D. Lane
Donna Martin
Jim L. Qualls
Robert Stephenson

"Raising Expectations"

TRANSPORTATION REQUEST

INSTRUCTIONS:

1. Please provide all information requested. Complete information will help us plan and result in a smoother trip for you. Make a copy of the Transportation Request for your records. Forward original to your principal or site administrator.
2. A completed GS1, signed by site administrator, must be submitted with all requests. Requests submitted without a GS1 attached will be returned to you unscheduled.
3. Principal/Site Administrator: Please approve the Transportation Request and GS1. Make a copy of the Transportation Request for your records. Forward originals of both forms to the Transportation Office.
4. The Transportation Request, with GS1 attached, must reach the Transportation Office a *minimum* of 10 school days prior to trip.

SITE: _____ **PHONE:** _____ **CONTACT PERSON:** _____

TYPE OF SERVICE: ☐ School Bus ☐ Charter Bus ☐ *Car/Suburban/Van ☐ *Rental Vehicle ☐ Credit Card

* Only District employees on DMV pull-notice program may drive the vehicle.			TRIP NUMBER:	
Driver Name: _____		CA DR License #: _____		
Number Of Students: Approximately	Number of Chaperones:	Total Passengers:	# Vehicles Required:	
Departure Location: See below under special instructions		Destination:		
Departure Date:	Departure:	Return Date:	Destination Time:	
Person Responsible for group during trip:		Finish Time:		
Will you need a: ☐ Rest Stop ☐ Meal Stop?		Purpose of Trip: _____		
Location: _____		_____		
SPECIAL INSTRUCTIONS: Trip information/instructions cannot be changed without approval from the driver's supervisor.				

You will receive a written estimate for your trip when it is scheduled. If you need to call about your trip, please have your Field Trip Number, which you'll find on your estimate, available. Dispatch phone number is 730-7592.

REQUESTS RECEIVED WITHOUT A GS1 ATTACHED WILL NOT BE SCHEDULED!

Principal/Site Administrator _____ Date _____

Field Trip/Student Conference

Transportation

Transportation Checklist

Submit this transportation packet for approval with the field trip packet

1. ____ Read forms E6153 and follow the directions contained within.
2. ____ Each student must complete a Minor Class Activity Registration Form
3. ____ Each student that will be transported in the non-district vehicle, must complete a Waiver Liability-Parent permission Waiver

Employee driving personal vehicles must complete:

1. ____ Employee/Volunteer Personal Vehicle Use Permission Form
2. ____ Certification of insurance from the insuring agency
3. ____ License background check if not on the pull notice program

Non-District person driving a personal vehicle must fill out and provide at least 30 days in advance of activity. (FAILURE TO MEET 30 DAYS WILL DISQUALIFY DRIVER):

1. ____ Employee/Volunteer Personal Vehicle Use Permission Form
2. ____ DMV H-6 Printout
3. ____ Proof of insurance on vehicle driven
4. ____ Copy of California drivers license

***This trip must have preliminary approval by Mr. Perez; signature below authorizes you to proceed with paperwork.**

John Perez

Date

Transportation Approval: [] Yes [] No



PERSONAL VEHICLE USE GUIDELINES

Guidelines for Use of Personal Vehicle

1. Driver must possess:
 - a) Valid driver's license
 - b) Minimum liability insurance as required by the State of California
2. A driver cannot transport more than nine (9) passengers plus the driver. In no case can the number of passengers, including driver, exceed the number of available seat belts. At no time shall the driver's vision be obstructed.
3. Trip routes to points outside of the District in excess of ten (10) miles must be approved in advance by the campus administrator/program director or designee.
4. Drivers must be adults (21 years or older). Use of "Personal Vehicle Form" must be completed and on file before a trip is taken.
5. Consent slips from parents must be on file prior to a trip.
6. Use of personal vehicles where hazardous road conditions exist is prohibited (includes hazardous conditions declared by California Highway Patrol, or other city, county, state or federal agencies authorized to monitor road conditions).
7. Use of "Personal Vehicle Form", which will be provided by the District, must be completed before a trip is authorized.

District Insurance

Any employee or authorized volunteer, while engaged in authorized activities within the scope of his/her assigned duties, is covered by District insurance for damages caused to persons or property; as a result of negligence of the employee or volunteer. However, when privately owned vehicles are used on authorized school business, the Driver's personal liability insurance will go first to settle any claims. District insurance will cover the unpaid excess up to the policy limits. Collision damage to privately owned vehicles, owned by either employees or volunteers, is not covered by District insurance.

1/27/98

Revised: July 23, 2001

Revised: January 23, 2009



TO:
FROM: Risk Management Office
RE: Waivers and License Background Checks

When we ask parent volunteers to transport students, other than their own, there are forms that need to be completed before the event takes place. Attached is a packet of forms to be used:

Waiver Liability Notice:

Parent Permission Waiver for Student Transported to Activity in Non-District
Vehicle Driven by District Person

Parent Permission Waiver for Student Transported to Activity in Non-District
Vehicle Driven by Non-District Person

Minor - Class/Activity Registration Form

Voluntary Excursion/Field Trip Notice and Medical Authorization - Minor

THE INSTRUCTOR SHOULD SEND (THE APPLICABLE FORM) HOME FOR THE
PARENT TO READ AND COMPLETE.

COMPLETED FORMS SHOULD BE RETAINED AT THE SITE.

Employee/Volunteer Personal Vehicle Use Permission Form:

The instructor should send this form home to the individual that volunteers to drive the students in their personal vehicle. The employee or volunteer should return the form along with a photocopy of the fact sheet of their current auto insurance policy or a Certification of Insurance from their agent. Upon receipt, the completed form is to be given to the site administrator in charge of overseeing this event. After the site administrator signs his or her approval for this volunteer's services, the form is to be mailed to the District Transportation Director a minimum of four weeks in advance of the trip. The Transportation Director will run a license background check on the volunteers through the Department of Motor Vehicles.

THE INSTRUCTOR SHOULD RETAIN THE VOLUNTEERS AUTO INSURANCE
INFORMATION WITH THE WAIVER LIABILITY NOTICE.

Waivers and License Background Checks
Page Two

Personal Vehicle Use Guidelines:

THE INSTRUCTOR SHOULD ATTACH THIS GUIDELINES SHEET TO THE EMPLOYEE/VOLUNTEER PERSONAL VEHICLE USE FORM BEFORE MAILING TO THE VOLUNTEER.

Voluntary Excursion/Field Trip Waiver Notice and Medical Authorization - Adult Form:

SHOULD BE COMPLETED BY EACH ADULT VOLUNTEER PARTICIPATING IN THE EVENT. THE COMPLETED FORM SHOULD BE CARRIED BY THE INSTRUCTOR TO AND FROM THE EVENT, THEN RETAIN IN A PERMANENT FILE AT THE SITE UNTIL SIX MONTHS HAVE PAST.

By complying with these reporting requirements, the district will have on file a written parent authorization allowing their student to be transported in a non-district vehicle. In addition, have the assurances that the volunteer is a responsible driver appropriately insured under California law, plus have a volunteer's medical information with an authorization to treat should a medical emergency occur.

Please call me at 730-7538 if you have any questions.

1/27/1998
7/23/2001
1/26/2009



“WAIVER LIABILITY NOTICE”
PARENT PERMISSION WAIVER FOR STUDENT TRANSPORTED TO ACTIVITY IN
NON-DISTRICT VEHICLE DRIVER BY DISTRICT PERSON
(PLEASE PRINT OR TYPE)

Student Participant: _____

Type of Activity: _____

Location of Activity: _____

Date(s) of Activity: _____

I understand that the student named above will be transported to the stated activity in a non-District vehicle driven by a District person.

For and in consideration of permitting the student named above to participate in the activity named above, do hereby as the undersigned voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instruction in said activity or any activities incidental thereto wherever or however the same may incur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereafter arise from him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Visalia Unified School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

It is the intention of student named above by this instrument, to exempt and relieve Visalia Unified School District from liability for personal injury, property damage or wrongful death caused by negligence for participation in the stated activity.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Visalia Unified School District he/she shall indemnify and save harmless the same Visalia Unified School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the Waiver Liability Notice and the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and transportation to this activity and is fully aware of the legal consequences of signing the within instrument.

Student Signature

Date

Parent or Guardian Signature

Date

Witness
7/23/01

Date



“WAIVER LIABILITY NOTICE”

PARENT PERMISSION WAIVER FOR STUDENT TRANSPORTED TO ACTIVITY IN NON-DISTRICT VEHICLE DRIVEN BY NON-DISTRICT PERSON

(PLEASE PRINT OR TYPE)

Student Participant: _____

Type of Activity: _____

Location of Activity: _____

Date of Activity: _____

I understand that the student named above will be transported to the stated activity in a non-District vehicle driven by a non-District person.

For and in consideration of permitting the student named above to participate in the activity named above, do hereby as the undersigned voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instruction in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid which may hereafter arise from him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Visalia Unified School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

It is the intention of student named above by this instrument, to exempt and relieve Visalia Unified School District from liability for personal injury, property damage or wrongful death caused by negligence for participation in the stated activity.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Visalia Unified School District he/she shall indemnify and save harmless the same Visalia Unified School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the Waiver Liability Notice and the forgoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and transportation to this activity and is fully aware of the legal consequences of signing the within instrument.

Student Signature

Date

Parent or Guardian Signature

Date

Witness

Date

1/28/99

7/23/01

1/26/09



MINOR - CLASS/ACTIVITY REGISTRATION FORM

(Please Print)

Name _____ Home Phone _____ Business Phone _____

Address _____ City _____ Zip _____ Age _____ DOB _____

Activity/Program _____

Date(s) _____ Day(s) _____ Time _____

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT-MINOR

I, the undersigned, parent or guardian of _____, a minor, hereby agree to allow such minor to participate in _____ (name of event, activity, class or sport). I further give my consent and permission to such minor's traveling to and from the aforementioned activity by vehicles owned and operated by Visalia Unified School District, its officers, agents, or employees, or by vehicles owned and operated by others. (Strike if not applicable).

I REALIZE THAT UNANTICIPATED AND UNEXPECTED DANGERS MAY ARISE WHILE THE EVENT IS IN PROGRESS AND DURING OTHER ACTIVITIES ASSOCIATED WITH THIS EVENT. I VOLUNTARILY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH OR DAMAGES OF ANY NATURE RESULTING DIRECTLY OR INDIRECTLY FROM SUCH MINORS PARTICIPATION IN THIS EVENT. PLEASE INITIAL: _____

I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make claim against or sue Visalia Unified School District, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness, or other acts, howsoever caused by Visalia Unified School District, or any of its officers, agents, employees, or volunteers as a result of my participation in the event or activity set forth above. In addition I hereby release Visalia Unified School District, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have, or may hereafter at any time have for injury or damage: (1) resulting from the condition of any improved facility which has been reasonably maintained; 2) resulting from the condition of any unimproved district facility; (3) suffered by me while participating in or traveling to and from the event or activity set forth above; or (4) suffered by me in any other activity associated with the event or activity aforementioned. This release does not apply to intentional and/or willful acts of misconduct by Visalia Unified School District or any of its officers, agents, employees or volunteers.

I understand that this Release of Liability and Indemnity Agreement is enforceable against me only, as parent or guardian of such minor, and that said Release of Liability and Indemnity Agreement may not be enforced as against such minor. THEREFORE, IN FURTHER CONSIDERATION FOR PERMITTING SUCH MINOR TO PARTICIPATE IN THE AFOREMENTIONED ACTIVITY, I AGREE TO DEFEND VISALIA UNIFIED SCHOOL DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS AGAINST ANY CLAIM OR LAWSUIT FOR INJURY, LOSS, OR DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH SUCH MINOR'S PARTICIPATION IN THE EVENT INCLUDING ANY INJURY, LOSS, OR CARELESSNESS, OR OTHERS ACTS OF VISALIA UNIFIED, ITS AGENTS, EMPLOYEES AND VOLUNTEERS. I ALSO AGREE TO REIMBURSE VISALIA UNIFIED SCHOOL DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FROM ANY LOSS, DAMAGE, LIABILITY, COST OR EXPENSE THEY SUFFER AS A RESULT OF ANY SUCH CLAIM OR LAWSUIT.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND INDEMNITY, AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN VISALIA UNIFIED SCHOOL DISTRICT AND ME, AND I SIGN IT OF MY OWN FREE WILL.

Dated: _____

Signature: _____

Parent or Guardian

1/27/98

7/23/01

Print Name: _____



E6153 (I) & E (8) 3541.1

**“EMPLOYEE/VOLUNTEER PERSONAL VEHICLE
USE PERMISSION FORM”**

Type of Activity: _____

Location of Activity: _____

Date of Activity: _____

Name: _____ Date of Birth: _____

Driver's License No. _____ Expiration Date: _____

Driving Restrictions: _____

Year and Make of Auto: _____ Vehicle License No. _____

Insurance Carrier/Agent: _____ Phone No. _____

Liability Limits: _____ Policy No. _____

Expiration Date: _____

The District requires evidence of insurance by one of the following:

1. Photocopy of the face sheet of the insurance policy;
2. A "Certificate of Insurance" from the Agent or Company

Procedures:

The evidence of insurance and a copy of the valid California Driver's License shall be given to the District Transportation Director four weeks in advance of the scheduled activity. A Driver's License check will be made through the Department of Motor Vehicles.

Guidelines:

Guidelines for use of personal vehicles must be adhered to by the drivers.

Capacity:

No more than nine (9) students and the driver may be transported in a passenger vehicle.

NOTE:

If you drive your personal vehicle while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage on your vehicle.

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe and am willing to provide the vehicle for inspection to the District Transportation Director if requested.

Owner of Vehicle Signature

Date

Driver's Signature

Date

I have read the above and approved the use of this vehicle for the purpose stated.

Site Administrator

Date

Transportation Director
1/28/98; 7/23/01

Date

Visalia Unified School District
High School Field Trip Form

Student Responsibility and Behavior Expectation for Field Trips

Student field trips represent an important and valuable adjunct educational activity. Our goal with any trip with students is to offer the student an experience that cannot otherwise be obtained within the regular campus environment. As such, field trips must be connected to the school program, and are to be considered an extension of the classroom experience.

Visalia Unified School District expects that all students, staff and chaperones who take part in field trip activities will individually and collectively conduct themselves responsibly and appropriately, and represent the school to the public in the most positive manner possible.

To that end:

- Students are expected to conduct themselves appropriately to the district and school conduct code.
- Parents are expected to discuss with their son or daughter their responsibilities for appropriate conduct while on field trips.
- Teachers and chaperones are expected to provide structured and comprehensive supervision of students throughout the field trip.

Field trip Destination: _____

Date of trip: _____

School staff member in charge of trip: _____

School administrator responsible: _____

Student

I understand that this field trip is an extension of the school day, and that all school rules and regulations, as outlined in the Student Conduct Code, apply throughout the trip. I understand that if I violate these rules I will be disciplined accordingly. In the event of a serious violation, I may be sent home from the trip early, or referred to local law enforcement.

Student signature: _____ Date: _____

Parent

I understand that this field trip is an extension of the school day, and that all school rules and regulations, as outlined in the Student Conduct Code, apply throughout the trip. I understand that if my student violates these rules he will be disciplined accordingly. In the event of a serious violation, I may be required to travel to the location of the field trip to pick my student up or that he/she may be sent home from the trip at my expense and as my responsibility, or that he/she may be referred to local law enforcement.

Parent signature: _____ Date: _____

INSERT GS-1 FORM
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INSERT SUBSTITUTE REQUEST FORM
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Insert Itinerary

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