

**SCHOOL SPONSORED TRIP OR EXCURSION AUTHORIZATION
AND MEDICAL TREATMENT AUTHORIZATION**

In-State

(Minor)

Out-of-state

Completion of this form is required for all School Sponsored trips / excursions.

Name of Child or Ward

Name of School

Class/Program

Teacher

Date(s) of School Sponsored Trip/Excursion

Location of School Sponsored Trip/Excursion

Transportation: Mark **all** that apply

Bus

Private Vehicle

Walking

Train

Aircraft

Boat

- I hereby give permission** for my child or ward (named above) to participate in this School Sponsored Trip or Excursion.
- Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this School Sponsored Trip or Excursion?
 No Yes Please explain _____
- Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this School Sponsored Trip or Excursion?
 No Yes **Parent/Guardian must contact the school office** to obtain form VCS SFA-1059, "Authorization for Any Medication Taken during School Hours" or form VCS SFA-1061, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).

4. If you have health insurance, please list:

Health Insurance Company

Policy Number

Group Number

5. Please list additional emergency contacts, should the parent/guardian be unavailable:

Emergency Contact

Telephone

Emergency Contact

Telephone

- Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the School Sponsored Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.
- Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, 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 all claims."

In providing consent for my child or ward to attend and participate in this School Sponsored Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reasons of this School Sponsored Trip or Excursion.

I understand that the District does not require my child or ward to participate in the School Sponsored Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the School Sponsored Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

- In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
- Will your child **need** a meal from the cafeteria to take on this trip? No Yes

10. I have carefully read this authorization, and fully understand its contents and voluntarily consent to its terms and conditions.

Signature of Parent/Guardian

Date

Home Phone

Work Phone

Cell Phone