



600 Sixth Street, Suite 400 Lincoln, CA 95648
916-645-6350 FAX 916-645-4356

WESTERN PLACER
Unified School District

Voluntary Activity/Field Trip Notice – Student Driver

Dear Parent/Guardian:

Kindly complete and return this form to: _____
(District)

_____ has my permission to participate in the following activity:
(Name)

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

I hereby acknowledge that the District does not provide transportation to or from this activity. I hereby give my minor student permission to drive to and from this activity. **I fully understand that they are not to have any other student in the vehicle with them.** I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger.

I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION (California Education Code 35330 and 5 CCR 55220).

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 considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Please be aware that California Education Code 35330 provides in part that:

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.

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

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____