



# Oxnard Union High School District

Date of Request \_\_\_\_\_

## OVERNIGHT TRIP REQUEST

Date of Departure \_\_\_\_\_

*Must be turned in at least two (2) weeks before date of departure*

Date of Return \_\_\_\_\_

Sponsoring School: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Date of activity: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure time \_\_\_\_\_ Chaperoning Staff Member(s): \_\_\_\_\_

Total Number of Students: Males \_\_\_\_\_ Females \_\_\_\_\_ Total Number of Chaperones: Males \_\_\_\_\_ Females \_\_\_\_\_

Names of chaperones other than sponsoring staff member (**Indicate whether certificated/classified; district employee or parent and gender of each person.**) *Attach additional page if necessary:* \_\_\_\_\_

Where will sleeping accommodations be made (Include name of establishment, addresses, and phone number)?  
\_\_\_\_\_

Who will provide transportation? \_\_\_\_\_ Mode of transportation: \_\_\_\_\_

Purpose of the overnight trip: \_\_\_\_\_ Total cost of trip \$ \_\_\_\_\_

Rational if missing more than one school day: *Attach additional page if necessary:* \_\_\_\_\_

Signature of Chaperoning Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal's signature indicates that the staff has followed all of the procedures in Board Policy 6153: School Sponsored Trips.**

### Required Forms:

- Medical Authorization** needed for each student. Should be kept on person of field trip chaperone at all times.
- Request to transport students in private vehicles** – required for each private vehicle being used. (note insurance disclaimer)

## P A R E N T P E R M I S S I O N

I hereby request permission for (Student's Name) \_\_\_\_\_ to participate in a district approved, overnight trip with a school organization.

Should it be necessary for the student to have medical treatment while participating in this trip, permission is hereby given to school district personnel to use their judgement in obtaining medical service and rendering medical treatment deemed necessary and appropriate by a physician. I understand that any costs incurred shall be the sole responsibility of the student's parent or guardian.

I, the undersigned, waive all claims against the Oxnard Union High School District and the State of California for illness, accident, or death encountered on this school-related overnight field trip. (E.C. 35330)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**Your request for permission to take the overnight field trip has been approved. Please be certain to obtain the appropriate required forms outlined above.**

Signature of Assistant Superintendent-Educational Services: \_\_\_\_\_ Date: \_\_\_\_\_