



Central Unified School District
VOLUNTARY EXCURSION / FIELD TRIP NOTICE / PERMISSION

FOR SCHOOL USE ONLY
TEACHER _____

Dear _____:
PRINCIPAL

_____ has my permission to participate in the following voluntary activity:
STUDENT NAME

Departure date and time: _____ Return date and time: _____

I understand that the law states in California Education Code Section 35330, that the Central Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity. I also understand that as the parent/guardian, I am fully responsible for the action and behavior of my child/ward.

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 of the hospital or facility furnishing medical or dental services.

Transportation will be by: District Bus Charter Bus District Van Private vehicle

EMERGENCY CONTACT PERSONS

1. _____	_____	_____
NAME	DAYTIME PHONE NUMBER	NIGHTTIME PHONE NUMBER
2. _____	_____	_____
NAME	DAYTIME PHONE NUMBER	NIGHTTIME PHONE NUMBER
3. _____	_____	_____
NAME	DAYTIME PHONE NUMBER	NIGHTTIME PHONE NUMBER

Note to parent/guardian:

1. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.
2. All medications must be registered on this form
3. All medications, excepting those which must be kept on the student's person for emergency use must be kept and distributed by the staff
4. If any medications are to be taken by the student, please list them here:

NAME OF MEDICATIONS(S) AND REASON(S) FOR TAKING

As parent/guardian, I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

Parent / Guardian Signature: _____ Date: _____

Address: _____ Phone: _____



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E 6153-1(b)

NON-DISTRICT TRANSPORTATION NOTICE

The undersigned hereby acknowledges and understands that the District is NOT providing transportation to the _____ school-sponsored activity and that it is the responsibility of the undersigned to arrange for transportation.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as the agent of the District. Further the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME ROUTES OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

Parent/Guardian Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Central Unified School District

VOLUNTARY ACTIVITIES PARTICIPATION ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Please note: All parents/guardians must complete this form for each District sponsored activity.

I authorize my child, _____ to participate in the District sponsored activity(ies) of _____.

- I understand and acknowledge that these activities have inherent risk of injury/illness to individuals who participate in such activities.
- I understand and acknowledge that participation in these activities is voluntary and is not required by the District.
- I understand and acknowledge that by participating in these activities, I and my child are assuming responsibility for the inherent risks with participation in such activities.
- I understand and acknowledge that the District, its employees, officers, or agents are not responsible for any injury/illness which results from a risk inherent to the activities, and which is incident to and/or associated with preparing for and/or participating in the activities.

I acknowledge that I have carefully read this Voluntary Activities Participation form and that I understand its terms.

Parent/Guardian Signature

Date

Student Signature

Date

A signed Volunteer Activities Participation form must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.

All chaperones must complete the following:

I, _____, am a chaperone for the _____ field trip being taken by _____ students on _____. As a member of the adult supervision of this activity, I hereby acknowledge that I have read and understand the provisions of the District's Administrative Regulation 6153 and agree to execute my duties as a chaperone in accordance with its provisions.

Parent/Guardian Chaperone Signature

Date

Central Unified School District
VOLUNTARY ACTIVITIES RELEASE OF LIABILITY WAIVER FORM

I, _____, release the Central Unified School District of any liability during the _____ field trip being taken by _____ students on _____ . I will be responsible for any and all costs incurred during this field trip and Central Unified School District ***will not be responsible for my trip.***

This signed waiver further allows me to use my own transportation to transport my student to and/or from said field trip. I understand this is my choice and I release Central Unified School District of all liability or responsibility.

I understand that, pursuant to Education Code Section 35330, I am required by law to waive any claims against the district of the State of California for injuries, accident, illness or death, which might occur during this field trip.

Signature of Parent/Guardian

Date