

LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT
Field Trip Emergency Data and Parental Authorization Slip

My child (ward) has my permission to attend _____

With: _____ *Field Trip Destination*
Classroom Teacher's Name/Class On: _____ Leave at: _____
Date(s)

Return at: _____

The method of transportation is: _____ Purpose: _____

Drivers of Private or Leased Vehicles (check all that apply): ☐ Parent ☐ Student ☐ Teacher or Staff Member ☐ Other Adult

Student's Name - please print _____ Address _____

Home phone _____ Work phone _____ Emergency Phone/Name _____

Medical Insurance _____ Group# _____

Physician/Doctor _____ Phone# _____

In the case of an emergency, every effort will be made to contact you. However, in the event that we cannot contact you, is the school given permission to take your child to the nearest doctor or hospital for emergency treatment? ☐ Yes ☐ No
(If No, explain procedure you wish to be followed) _____

Please indicate special health problems that might affect your child on a field trip (i.e., epilepsy, asthma, bee stings, diabetes, severe allergies): _____

By signing below, you acknowledge that you have read and understand Instruction E(2)-6153 as printed on the back of this document

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 injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

Print Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

TO BE COMPLETED BY STUDENT:

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and will follow directions and school rules at all times:

Signature of Student _____ Date _____

Period	Print Teacher Name	Teacher Signature
A		
1		
2		
3		
4		
5		
6		
B		

Instruction**E(2)-6153**

I understand that my child has received staff and district approval to participate in a field trip. Under California Education Code and Board of Education policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. However, I understand that this field trip is optional and a voluntary activity. Attendance by my child is not required and that an alternative activity at school will be provided if my child does not participate.

I understand that all students going on this trip will be responsible in conduct to the bus driver, teacher, chaperone s and if applicable, adult sponsors, at all times . I understand that all chaperones will be 21 years of age or older.

I understand that students going on this trip are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal or school administrator at least 48-hours prior to the date of the field trip.

I understand that all field trips begin and end at the school of origin unless I have made prior arrangements to pick up my child or have my child dropped off at an alternative location. I understand that I must inform the school of these arrangements in writing at least 48-hours prior to the day of the field trip.

I hereby acknowledge that I have been advised of the risks inherent in participating in this field trip.

It is understood and agreed that this field trip shall constitute a field trip for purposes of the application of California Education Code Section 35330. I understand that as a matter of law, if I provide consent for my child to participate in the above-identified field trip, my consent also constitutes a waiver of liability under Education Code Section 35330, which provides, in pertinent part, as follows:

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 injury, accident, illness, or death occurring during or by reason of the field trip or excursion.