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REV 1/23/09

### STUDENT FIELD TRIP AUTHORIZATION



**No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip. Verbal Authorizations, or Authorizations not on this form, cannot be accepted.**

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Student Name:	School: Vista del Lago High School
Parent/Guardian Name:	X Home/Cell/Work Telephone: (Best way to reach you during trip)
Emergency Contact & Telephone No. (other than parent):	
Field Trip Destination: Bike Trail Golf Links, Folsom, CA	
Field Trip Date: May 14, 2012 PE 5K Run (Mon)	Suggested Contribution: N/A
Expected Departure Time: First 10 minutes of class	Expected Return Time: Last 10 minutes in class
Method of Transportation: Run/Walk	Supervising Teacher/Sponsor: Bonnett, Johnson, Jones, Sidhu
Physician's Name:	
Physician's Address & Phone:	
Medical Conditions/Medications:	
Medical or Patient ID Number:	
<b>FOOD SERVICE: Is a sack lunch required for this activity? (Sponsor, please check) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b>	
Parents: If a sack lunch is required (7-day notice) required for this activity, they are available for purchase through the cafeteria <u>or</u> the student may bring one from home. <input type="checkbox"/> I will send a sack lunch from home <input type="checkbox"/> I would like to purchase a sack lunch from the school cafeteria (Payment must be submitted with this permission form; regular payment rules/procedures apply to students in the National School Lunch Program) <input type="checkbox"/> My student has a Peanut Allergy	
PRINCIPAL'S SIGNATURE:	4-20-12

By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).
2. California Education Code Section 35330 states that: "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." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]
3. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.
4. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.
5. The suggested contribution is the District's estimated cost for your student to participate in this field trip. No student will be excluded from the field trip due to an inability to contribute toward such costs. Please contact the supervising teacher or the school office for more information. Contributions may be received by the supervising teacher or the school office.

X

Parent/Guardian Printed Name	Signature	Date
Date Received by School:	Received by:	