



# San Ramon Valley Unified School District School Trip Permission Form

School: _____	Teacher _____	Destination _____
Departure Date _____	Time _____	<input type="checkbox"/> am <input type="checkbox"/> pm
Return Date _____	Time _____	<input type="checkbox"/> am <input type="checkbox"/> pm
Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> Private Vehicle (volunteer drivers) <input type="checkbox"/> District <input type="checkbox"/> Commercial Vehicle, bus, airplane, etc.)		

### General Information

Education Code Section 35330 authorizes the governing board of any school district to conduct school trips or excursions for students in connection with courses of instruction of school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign\* country. School trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary. As a voluntary event, no special attendance credit is given for participation, and an alternative activity at school will be provided if my child does not participate.

### Emergency Information

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please check the appropriate statement regarding student's health:

- My child has no known health problems.
- My child has the following health problems: \_\_\_\_\_

\_\_\_\_\_  
 (Please identify any medication that the child may need during the course of this trip)

### Emergency Directions

Please check #1 or #2 below to indicate desired action in the event of accident or emergency

1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician the named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **The undersigned parent/guardian fully understands he/she is responsible to pay all cost incurred as a result of the foregoing.**

Physician's name \_\_\_\_\_ Phone # \_\_\_\_\_ Medical Insurance Provider \_\_\_\_\_ Medical # \_\_\_\_\_

2. I do not choose the above statement and desire the following action to be taken: \_\_\_\_\_

### Liability Waiver

California law provides 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." (Education Code Section 35330) I acknowledge that as a condition of my child's participation, I agree this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees. Further, I agree to indemnify the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/school trip event.

I understand that participation in this school trip involves a certain degree of risk. I have carefully considered the risk involved and consent for my child/myself to participate in the school trip.

### Please check one of the following:

- I would like to participate as a Volunteer Chaperone for this trip. I have been approved through the [SRVUSD Volunteer Management System](#) to act as a(n):
  - Day Trip Driver (Contact Transportation Dept at (925) 824-1832 for vehicle capacity and seat belt/booster seat current requirements.)
 

Driver Name: \_\_\_\_\_ Driver Email: \_\_\_\_\_ # of student seats: \_\_\_\_\_
  - Day Trip Chaperone Only/"P co g-aaaaaaaaaaaaaaaaaaaaa
  - Overnight Driver/Chaperone (Fingerprinting required. Process takes 30-45 days) /"P co g-aaaaaaaaaaaaaaaaaaaaa "%qhtwvf gpv'ugcwa-aaaaaaaaa
- I am not able to, or prefer not to, chaperone or drive for this trip.

My signature below indicates that I have read, understand and agree to the terms of the School Trip Permission Form and authorize my child to participate:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- **Original form to be carried by person transporting student**
- **Teacher to return original form to school office after school trip**

\* International travel is currently suspended