



Dear Parent/Guardian

During the year your student will be participating in off campus field trips or after school athletic activities. Please read the information regarding medical authorization, liability, transportation/insurance and automobile safety standards for field trips as presented below. Written permission will be required for each athletic season. Forms for your signature will be sent to you before each field trip.

You will be asked to complete a field trip authorization form prior to each field trip. The following releases and guidelines are used for all field trips.

Medical Authorization Release:

In the event of any emergency requiring medical assistance, the school will attempt to contact the parent immediately; however, should family contact not be possible, we ask for your consent to act on your behalf to protect the safety and welfare of your child.

I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment or hospital care from a licensed physician and/or surgeon deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Liability Release:

I hold the District, its agents, volunteers, and employees harmless from liability/claims which may arise in connection with my child's participation in this activity. (Ed Code 35330) District liability will be secondary or excess coverage to the driver's coverage.

Transportation Coverage Requirements and Release:

Transportation will usually be provided by private automobile. During transportation, the liability insurance of the private driver will be the primary insurance. The Board of Trustees has imposed the following standards for private automobiles:

Bodily Injury	\$100,000 / \$300,000
Property Damage	\$25,000
Medical Payment (preferred)	\$2,000

All drivers are required to certify that he/she has a valid driver's license with a good driving record, and that he/she is not taking medications that would impair his/her driving ability. Drivers with recent moving violation(s) are subject to approval by the District Superintendent.

Automobile Safety Standards:

The number of passengers is not to exceed the stated capacity of a vehicle.

In no case can more than seven (7) students be transported independent of vehicle capacity; each passenger is to have a seat belt.

A new California law effective January 1, 2012 states that children **MUST** be secured in an appropriate child passenger (safety seat or booster seat) **in the back seat of a vehicle** until they are at least **8 years old OR 4'9" in height**. Additionally, children under age 8 must be secured in the back seat.

Students *may not* sit in a front passenger seat equipped with an airbag.



FIELD TRIP AUTHORIZATION

PLEASE RETURN THIS FORM BY:

___/___/___

I would like to drive: yes no
(SEE REVERSE SIDE FOR REQUIREMENTS FOR FIELD TRIP DRIVERS)

Date: ___/___/___

To: _____

Departure Time: _____

Phone #: () _____

Return Time: _____

By: Private Car Bus Other _____

Admission/fee due: \$ _____
 No charge

Lunch: Bring a lunch
 Bring lunch money

Special Instructions: _____

Relation of field trip to classroom instruction: _____

PARENT/GUARDIAN:

Please complete and return this authorization form

Student's Name: _____

Teacher: _____

has my permission to participate in the above mentioned field trip.

My child is 8 years old or older: yes no

My child is 4'9" or taller: yes no

PLEASE NOTE: A new California law effective January 1, 2012 states that children **MUST** be secured in an appropriate child passenger (safety seat or booster seat) **in the back seat of a vehicle** until they are at least **8 years old OR 4'9" in height**. Additionally, children under age 8 must be secured in the back seat.

I hold the District, its agents, volunteers and employees harmless from liability/claims which may arise in connection with my child's participation in this activity. (Ed. Code 35330)

Parent/Guardian Signature: _____

Date: ___/___/___

Parent/Guardian Daytime Phone: (Primary): () _____ (Secondary): () _____

MEDICAL AUTHORIZATION:

In the event of any emergency requiring medical assistance, the school will attempt to contact the parent immediately; however, should family contact not be possible, we ask for your consent to act on your behalf to protect the safety and welfare of your child.

I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and/or hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a medical staff or the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature: _____

Date: ___/___/___

Medical insurance carrier: _____

Policy # _____

Address: _____



Student's Name (Please print clearly)

FIELD TRIP TRANSPORTATION

TO COMPLETED BY ALL PRIVATE CAR DRIVERS FOR FIELD TRIPS

Transportation for many school activities is dependent upon the use of private vehicles. If you can provide transportation, please read the requirements below, sign, and return to your child's teacher. Thank you.

INSURANCE REQUIREMENTS FOR PRIVATE VEHICLES

Bodily injury	\$100,000/\$300,000
Property damage	25,000
Medical payment	2,000 (preferred)

Number of passengers not to exceed stated capacity of vehicle. In no case can more than seven (7) students be transported independent of vehicle capacity; each passenger is to have a seat belt.

A new California law effective January 1, 2012 states that children **MUST** be secured in an appropriate child passenger (safety seat or booster seat) **in the back seat of a vehicle** until they are at least **8 years old OR 4'9" in height**. Additionally, children under age 8 must be secured in the back seat.

Valid driver's license

I understand that the insurance of the private driver will be the primary insurance when I transport students; the District's liability policy will be the secondary or excess coverage. The insurance on my vehicle meets the private vehicle transportation minimum requirements as cited above; I carry insurance with:

INSURANCE COMPANY'S NAME: _____

EXPIRATION DATE: _____ **POLICY #** _____

Limits meet above requirements. Please initial: _____

SEAT BELT INFORMATION - DO NOT INCLUDE belts for front seats equipped with airbags

Number of passengers for whom I have seat belts _____

Number of **passenger** shoulder harness seat belts _____

Vehicle model: _____ **License Plate:** _____

List any moving violations and approximate date of violation(s) date from the past 3 years. Drivers with moving violations may be approved on a case by case basis. _____

I certify that I hold a valid driver's license, am not on any medication that would impair my driving ability, have a good driving record, and have the required insurance coverage as stated above.

Signature: _____ Date: ____/____/____