New Haven Unified School District

Voluntary Excursion / Field Trip Permission / Medical Authorization and Waiver of Liability

Certificated Teacher(s):_____ Site:_____ Rm(s):_____

Date:_____ Destination(s): _____

_____

Purpose of trip:_____

_____

Mode(s) of Transportation:

- ❑ District Bus
- ❑ Charter Bus
- ❑ Walking
- ❑ U.C. Transit
- ❑ A.C. Transit
- ❑ B.A.R.T.
- ❑ Private Vehicle
- ❑ Airplane
- ❑ Other:_____

Departure Time:_____ Return Time:_____ This trip ❑ will* ❑ will not include swimming

Written permission and a waiver of liability from the parent or guardian must be on file for each student attending this trip. Complete the lower portion of this form and return it to the school. This field trip is voluntary; your child is not required to attend. If your child does not attend, alternate activities will be provided to him or her at school.

I hereby give my permission for:_____ to participate in this voluntary activity.
First *(Please Print)* Last

*Complete when swimming activities are included:

I ❑ grant ❑ do not grant permission for my child to participate in swimming activities on this trip. I further hold harmless and waive all claims and liability against the New Haven Unified School District, its officers, agents, employees, and volunteers, for injury, accident, illness, or death occurring or by reason of my child's participation in the swimming activities on this field trip. My child's swimming ability can be described as follows:_____

In the event of illness or injury, I do hereby authorize the activity supervisor to consent to whatever emergency medical, surgical or dental care is considered necessary in the best judgment of the attending physician, surgeon, or dentist. I agree to pay for such medical care whether or not the costs are insured by my health insurance. I understand that an attempt will be made to contact me, by phone if possible, before such care is administered.

Emergency Medical Physician:_____ Phone Number:_____

My child ❑does ❑ does not have medication on file with school office. Medical Record or Insurance #:_____

My child ❑does ❑ does not require a specialized health care procedure at school (G-Tube, diabetic, etc.). Describe:_____

_____

I understand that participants in this field trip are to abide by all rules and regulations governing conduct during the field trip and that any violation of these rules and regulations result in my child being sent home at his or her and/or my expense.

Pursuant to California Education Code, section 35330, I hereby hold harmless and waive all claims and liability against the New Haven Unified School District, its officers, agents, employees, and volunteers, for injury, accident, illness, or death occurring during or by reason of this field trip.

I have read, understand, and agree to all the provisions stated above. I grant permission for my child to participate in this voluntary activity.

❑ My child will eat a cafeteria lunch.

❑ My child will bring a lunch.

❑ I am available to chaperone this field trip.

Signature of Parent/Guardian:_____ Date:_____

Parent/Guardian Name *(Please print)*:_____ Relation to student:_____

Street Address:_____ City:_____

Phone number where parent/guardian can be reached on the trip date: ❑ cell ❑ work ❑ Other_____