



PERMISSION SLIP

FIELD TRIP PERMISSION/ EMERGENCY INFORMATION

One Sierra Gate Plaza, Roseville, CA 95678

Ph: 916.780.6800

www.johnadamsacademy.org

Please complete & return by: _____

Requested Donation \$ _____

- Donations are non-refundable.

FIELD TRIP DETAILS

Teacher/ Advisor:		Field Trip Destination:	
Departure Date:	Time:	am/	pm
Return Date:	Time:	am/	pm
Transportation: <input type="checkbox"/> Walking		<input type="checkbox"/> Private Vehicles	<input type="checkbox"/> Commercial Transportation

EMERGENCY INFORMATION

Scholar:	Scholar Cell #:
Parent/Guardian:	Parent/Guardian Cell #:
Parent/Guardian Home #:	Parent/Guardian Work #:
Physician's Name:	Physician's Phone #:

PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING SCHOLAR'S HEALTH:

My child has no known health problems.

My child has health problems and the required medical/medication plan is on file with the academy.

FIELD TRIP AUTHORIZATION

My signature below authorizes my child to participate in the field trip:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

I am currently a JAA Authorized Driver.

I would be willing to transport _____ additional scholars.

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 academy, 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 and hold harmless the academy, 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/field trip or event. I understand that participation in this field trip involves a certain degree of risk. **I have carefully considered the risk involved and consent for my child to participate in the field trip.**

Original form to be carried by person transporting scholar

Copy to be brought to the office prior to trip.

Teacher to return original form to office after field trip.

SCHOLAR DRIVER AUTHORIZATION

By signing below I, _____, will abide by the rules and standards
(Name of scholar)
set forth by John Adams Academy and agree to:

(Please initial each)

- _____ travel straight to the field trip and back to the academy without any unauthorized stops.
- _____ no unauthorized passengers. (including other scholars)
- _____ arrive to the field trip on time.
- _____ not leaving early from the field trip unless released by a JAA representative.

SCHOLAR SIGNATURE: _____ **DATE:** _____

My signature below authorizes my child to transport him/herself on the field trip:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____