

SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT SCHOOL TRIP PERMISSION/EMERGENCY INFORMATION

School Name	Teacher's Name					
School Trip Destination Departure Date TRANSPORTATION: Walking_					_	
Departure Date	Time:am/pm R	eturn Date		Time:	_ am/pm	
TRANSPORTATION: Walking_	Private Vehicle (volume)	nteer drivers)	_ District _	Commercial _		
If by private car, I understand that seat that safety considerations and Californi that children MUST be secured in an years of age or are 4'9" in height or tall	a State Law require that no chi appropriate child passenger re	ald ride in the from estraint system (ca	nt passenger so ar seat or boo	eat of my vehicle. I also ester seat) until they re	so understand	
INFORMATION: Education Code excursions for students in connection band activities to and from places in excursions may be connected with superficipation is voluntary. As a volunt at school will be provided if my child	with courses of instruction of in the state, any other state, t uch courses of instruction or intary event, no special attenda	of school related the District of C such school act	social, educated social, educated social, educated social, educated social social social social social, educated social so	ational, cultural, athle a foreign country. F arther the student's ed	tic or school field trips or ducation and	
PARENT/GUARDIAN TO CO. Student						
StudentHome #	Work #	Ce	ell #			
PLEASE CHECK THE APPRO My child has no known he My child has the following	ealth problems.					
(Please identify any medic	cation that the child may no	eed during the	course of th	is trip)		
OR EMERGENCY:1. In the event of accide representative of the school to medical/hospital care, including physician the named below to un event said physician is not available physician or surgeon. THE UNIRESPONSIBLE TO PAY ALL	make such arrangements necessary transportation dertake such care and trea ole at any time, I authorize DERSIGNED PARENTA	as he/she con n. Under such atment of my consuch care and /GUARDIAN	siders necestation circumstation as he/sitreatment to FULLY U	ssary for my child nces, I further auther considers necess to be performed by a NDERSTANDS H	to receive thorize the ary. In the ny licensed	
Physician's name		Phone #				
Physician's name Medical Insurance Name (Kaiser,	etc)	Medical #				
2. I do not choose the about	ve statement and desire the	e following acti	ion to be tak	xen:		
WAIVER: California law provides as fagainst the district or the State of Calexcursion." (Education Code Section 3 claims shall be extended to any and a individual members thereof, and all of school, its employees and volunteers, tagents and employees for any injury, (including attorney's fees) or damage to I understand that participation in this consent for my child/myself to participation in file in the school office.	ifornia for injury, accident, ill 55330) I acknowledge that as all claims against the school, it her district officers, agents and he district, its governing boar, harm, accident, illness, deat opersonal property occurring of a field trip involves a certain of the in the field trip.	lness, or death of a condition of my s employees and d employees. Fur d, the individual th, loss, liability, during or by reaso degree of risk. I	ceurring during child's part volunteers, the control of the control of the control of this excu- have carefull	ng or by reason of the icipation, I agree this ne district, its governir to indemnify and hold ereof, and all other disc or claim of any typersion/field trip event.	e field trip or waiver of all ng board, the harmless the trict officers, e whatsoever involved and	
My signature below authorizes	my child to participate ir	n the field trip	:			
PARENT/GUARDIAN SIGNA	ΓURE		D	ATE		
(Original Form to be carried by person						

Teacher to return original form to school office after field trip.

ES:STU:11037 REVISED: 11/8/11 Effective: 1/01/12