



# SANTA ANA UNIFIED SCHOOL DISTRICT SCHOOL TRIP PERMISSION/EMERGENCY INFORMATION

School Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School Trip Destination: \_\_\_\_\_  
(list all stops including lunch locations)

Suggested Student Attire: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

TRANSPORTATION: ☐ District Busing ☐ Walking ☐ Private Vehicle (District driver) ☐ Commercial

*\* For Private Driver see additional forms and policies*

INFORMATION: Section 35330 of the California Education Code states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." Participants in the field trip/excursion and failure of a student to comply with rules may result in the student being sent home at the parent/guardian's expense. **Field trips are voluntary and a privilege; student may remain in school at parent/guardian's request.**

## PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

## PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING STUDENT'S HEALTH:

- ☐ My child has no know health problems  
☐ My child has the following health problems: \_\_\_\_\_

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

## PLEASE CHECK #1 OR #2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY

- ☐ 1. I understand that the class/activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.  
I further acknowledge that the Santa Ana Unified School District does not provide liability or medical insurance coverage for participants who participate in this class/activity. **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 Name (ex. Kaiser) \_\_\_\_\_ Medical # \_\_\_\_\_

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

**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 and hold harmless 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/field trip 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/myself to participate in the field trip.

- ☐ Additionally, I agree to participate as a Volunteer Chaperone for this event. My Volunteer Clearance Form is on file in the school office, and checked by Raptor at the school site

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

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

*(Original Form to be carried by person transporting student)*

**\*\* Teacher to return original form to school office staff after field trip. Must keep a full roster attached. \*\***