SCHOOL SPONSORED TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

	In-State mpletion of this form is required for all	(Minor) School Sponsored trips	/ excursions.		Out-of-state	
Name of Child or Ward Class/Program			Name of School Teacher			
						— Dat
Tra	nsportation: Mark all that apply	D. W. W.				
1	☐ Bus ☐ Private Vehicle	□ Walking	☐ Train	☐ Aircraft	□ Boat	
1.	I hereby give permission for my child o		• •	•		
2.		arding special assistance/accommodations: Is special assistance/accommodation necessary for your child or ward to cipate in this School Sponsored Trip or Excursion? No				
 4. 	Regarding administration of medication: All medications must be prescribed, including over-the-counter medications. Is your child or ward required to take medication during the course of this School Sponsored Trip or Excursion? □ No □ Yes Parent/Guardian must contact the school office to obtain form VCS SFA-1059, "Authorization for Any Medication Taken during School Hours" or form VCS SFA-1061, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician). If you have health insurance, please list:					
	Health Insurance Company	Policy Numb	er	Group Nu	nber	
5.	Please list additional emergency contacts, should the parent/guardian be unavailable:					
	Emergency Contact		Telephone			
	Emergency Contact		Telephone			
6.	Conduct: I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the School Sponsored Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.					
7.	Waiver of Claims for Liability: I understand that California Education Code, Section 35330 provides:					
	"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."					
	In providing consent for my child or ward to attend and participate in this School Sponsored Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reasons of this School Sponsored Trip or Excursion.					
	I understand that the District does not rec make this request voluntarily because I c understand that, if I do not consent to my supervised activities, for which my child	lesire my child or ward to y child or ward's participa	participate in the pation, my child on	e School Sponsored Ti	rip or Excursion. I also	
8.	In the event of illness or injury, I hereb surgical diagnosis or treatment and hospi child or ward. It is understood that the re	tal care from a licensed p	hysician as deem	ed necessary for the sa	afety and welfare of my	
9.	Will your child need a meal from the cafe	eteria to take on this trip?	o □ No	☐ Yes		
10.	I have carefully read this authorization conditions.	n, and fully understand	its contents and	voluntarily consent t	o its terms and	
Signature of Parent/Guardian				Date		
Home Phone		Work Phone		Cell Phone	<u> </u>	