

FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

In-state

(Minor)

Out-of-state

Completion of this form is required for all field trips / excursions.

Adolfo Camarillo High School

Name of child or ward
AP Testing

Name of School
Administration

Class/ Program
May 2, 2011 to May 30, 2011

Teacher
Ventura County Office of Education

Date(s) of Field Trip/Excursion
Private Vehicle

Location of Field Trip/Excursion

Transportation Provider

1. I hereby give permission for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?
 No Yes. Please explain _____
3. **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 Field Trip or Excursion?
 No Yes **Parent/Guardian must contact the school office** to obtain form VCSS SFA-1059, "Authorization for Any Medication Taken during School Hours" or form VCSS SFA-1061, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).
4. **If you have health insurance, please list:**

Health Insurance Company	Policy Number	Group Number
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5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

Emergency Contact	Telephone
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Emergency Contact	Telephone
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6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field 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 Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

8. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian _____

Date _____

Home telephone _____

Work telephone _____

Mobile telephone or pager _____

White - Field Trip Supervisor
VCSS SFA-1055 / Rev. 3-2010

Yellow - School Facility

Pink - Parent/Guardian

OXNARD UNION HIGH SCHOOL DISTRICT

Oxnard, California

PARENT PERMISSION SLIP
TO TRANSPORT STUDENTS IN PRIVATELY OWNED VEHICLES

School Adolfo Camarillo High School Teacher Administration

By policy, parents of students who are planning to travel in privately owned vehicles on a school-sponsored event are required to file with the school the information outlined below. Please initial the answers that reflect your wishes in connection with this trip:

1. (Name) AP Testing Has my permission to participate in the following school activity: Initial Yes No Date: May 2, 2011 to May 30, 2011

2. The school/district has my permission to assign my son/daughter to be Transported in a privately-owned car driven by a parent, faculty member, or adult volunteer participating in this activity. Yes No

The school will make every effort to satisfy itself that the driver is properly licensed and is driving a vehicle that is safe and is covered by a minimum insurance limit of \$100,000/\$300,000 for Injury and \$15,000 for Property Damage.

THE FOLLOWING PROVISION, #3 IS [] IS NOT [] PERMITTED FOR THIS ACTIVITY:

3. My son/daughter has my permission to use my car to transport himself/ herself to participate in this activity. Students MAY NOT transport other students. Initial Yes No

IF YOU WILL BE A PARENT DRIVER or if "YES" is initialed in #3, complete this section: Driver, Registered owner, Amount of Insurance, Capacity of car, Insurance Company Name, Year/Make of Vehicle, Model, Plate No., Driver's License Number of Driver, Date of Expiration, Restrictions

4. My son/daughter will be responsible for his/her transportation at the conclusion of the practice or activity. Initial Yes No

5. This is to certify that, subject to exceptions noted below*, the answers given above reflect my wishes about my son's/daughter's participation in this activity. I agree not to hold the Oxnard Union High School District or any of its employees liable for any injury should an accident occur during the time the student is being transported or is transporting himself/herself to or from any practice or activity mentioned above:

* _____

Parent Signature: _____ Date: _____

Principal's Signature: _____ Date: _____