



Student Services Field Trip Participation and Approval Form

Name of Student:				Teacher:			
Field Trip Destination:							
Activities:							
Date of Field Trip:		Departure Time:		Return Time:		(Not to exceed normal school day hours)	
Transportation provided by:		<input type="checkbox"/> PCOE Vehicle		<input type="checkbox"/> School Bus		<input type="checkbox"/> Other: _____	

This form must be completed, signed, and returned to the appropriate program administrator before the student may be allowed to participate in the field trip or excursion. If this is a high school field trip and it affects other classes, in addition to this form the High School Teacher Field Trip Approval Form needs to be completed by applicable teachers.

If private vehicles are to be used, in the event I will not be able to drive to and from the field trip or excursion, I am authorizing _____ (name of person driving) to drive my child(ren) to and from the field trip or excursion.

Note: 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 §35330.) My signature below represents that I have read and fully understand this waiver of claims involving field trips or excursions organized by the Placer County Office of Education ("PCOE") and to the extent provided by Education Code §35330, I voluntarily waive and release PCOE from all claims.

Parent/Guardian/Caregiver/Adult Student Signature _____ Date _____

Student Medical Emergency Information for Field Trip

To indicate the emergency action desired in the event of an accident or emergency, please complete the following:

1. In the event of an accident or other emergency when a parent/guardian/caregiver is unavailable, I hereby authorize a representative of PCOE to make such arrangements on my behalf as necessary for my child to receive medical or hospital care, including transportation. I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician's Name _____ Phone _____ Medical Ins. Carrier _____

2. I do not choose to follow the above statement and instead desire the following action: _____

3. Additional important medical information that the trip supervisor should know: _____

My signature indicates that I have freely provided the medical emergency information which is true and correct to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN/CAREGIVER/ADULT STUDENT Date: _____

Phone () _____ (Cell, Work, Home, Other) Phone () _____ (Cell, Work, Home, Other)