



San Francisco Unified School District Field Trip Permission Form and Waiver

For Standard Day Trips Only

Your child has received school staff and District approval to participate in a field trip. Under the California Educational Code and Board Policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher and/or school administrator, or certified athletic coach in the case of a same day high school athletic events, and all precautions are taken to ensure each student's welfare.

Student Name: _____

Trip Destination

SCRAP

141 INDUSTRIAL ST. SF. CA

Departure Date: 8/21 Time: 1:20

Return Date: 8/20 Time: 3:35

The trip will depart from and return to: STUDENT HEAD HOME FROM SCRAP

Class or group attending: COSTUMES

No. of Students: _____

The field trip will involve the following activities: (Teacher: Describe trip and activities in detail)

GO TO SCRAP TO SHIP FOR GROUP PROJECT

Names of teachers, staff, coaches, and chaperones (indicate whether adult is a teacher, staff, coach or chaperone)

ALEX LUNT, NATALIE EBAUGH

Transportation (i.e., walking, MUNI, BART, Caltrain, school bus, charter bus, private automobiles*)

STUDENT ARE IN CHARGE OF THEIR OWN CITY TRANSPORTATION TO & FROM SCRAP. ALEX WILL TAKE A BUS TO SCRAP AND LEAVE FROM SCHOOL IF ANY STUDENT WANTS TO JOIN AT 1:20 PM.

* Volunteer drivers must complete the Volunteer Driver Form prior to Field Trip

Items students should bring (if any):

Waiver of Claim: I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the San Francisco Unified District or the State of California, for injury, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the State of California or the San Francisco Unified School District (and its officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the District, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand this field trip is optional and attendance by my child is not required and that an alternative activity at School will be provided if I do not give permission for my child to participate.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.
3. I understand that all field trips begin and end at the School and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.
4. The District provides all students with Field Trip Accident Insurance that covers 100% of reasonable and customary charges up to \$25,000.00 per claim, with no deductible amount. I understand that in order to make an insurance claim, I must complete, or cooperate with school personnel and the attending physician or dentist in completing an accident claim form, which is available at the School. I shall submit the claim form according to the instructions on the form. I understand that the District provides this insurance as a courtesy and, in no way, is responsible for the making, granting, or denying of insurance claims.

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent/Guardian Section: MUST BE COMPLETED

Parent/Guardian (print): _____

Work #: _____ Cell #: _____ Home #: _____

Emergency Contact (print): _____ Phone #: _____

Physician: _____ Phone: _____

Insurance Name: _____ Policy/Group Number: _____

Student's Medical Needs/Medications Needed During Field Trip: Medication Forms and/or Emergency Care Plans will be required for services to be provided during the field trip. Please ensure they are on file with your school site.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Date: _____ Parent/Guardian Signature: _____

Chaperones: If agreement has been reached with the supervising teacher, and I chaperone students on this trip, I will comply with all District requirements pertaining to the chaperoning of students.

Print Name

Signature

For High Schools Only. With the teacher's approval, a high school student may wish to meet at and/or leave from the destination on his/her own. If this choice applies to your child and you approve, please sign below. Otherwise, he/she will leave and arrive with the supervising teacher. Under this option, SFUSD and the school will not be liable for any incidents that may occur. If driving, your child may not transport any other students.

My high school student has my permission to transport themselves to and from the destination of the field trip referenced in this document on his/her own and I accept full responsibility.

Parent/Guardian Signature: _____ Date: _____

For Middle and High Schools Only – Teachers' approval of student's participation in field trip

1st Period Subject/Teacher Signature

5th Period Subject/Teacher Signature

2nd Period Subject/Teacher Signature

6th Period Subject/Teacher Signature

3rd Period Subject/Teacher Signature

7th Period Subject/Teacher Signature

4th Period Subject/Teacher Signature

8th Period Subject/Teacher Signature

Homeroom Teacher

Administrator's Approval

Counselor's Approval