

# 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.

Name of child or ward  
Mariachi

Class/ Program  
Sept. 2017 - June 2018

Date(s) of Field Trip/Excursion  
OUHSD - Bus / Suburban

Transportation Provider

Adolfo Camarillo High School

Name of School

J. Sachs, D. Rivera, A. Rivera

Teacher

See Calendar

Location of Field Trip/Excursion

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 \_\_\_\_\_

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 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.**

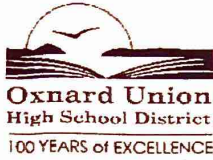
Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_

Mobile telephone or pager \_\_\_\_\_



Adolfo Camarillo High School
4660 Mission Oaks Blvd.
Camarillo, CA 93012

Parent Permission Form for
Transporting Students in Privately-Owned Vehicles

Sport/Club: Mariachi

By OUHSD policy, students planning on traveling in privately owned vehicles on a district- or school-sponsored event must have this form on file. Please initial the answers that reflect your wishes.

1. My child, ID#, has my permission to participate in the following event(s)

Athletic Activities on the following date(s) September, 2017 to June, 2018. Yes No
Mariachi

2. In addition, my son/daughter may be transported in a privately-owned vehicle driven by a faculty member, parent, or other qualified adult volunteer participating in the event(s). Yes No

3. With specific approval from the faculty sponsor, my son/daughter also has my permission to transport him/herself to the event(s) in our family-owned vehicle. Yes No

4. At the conclusion of the event(s), my son/daughter and I will be responsible for arranging his/her own transportation home from ACHS. Yes No

5. This certifies that, subject to any exceptions noted below\*, the answers on this form reflect my wishes regarding my son's/daughter's participation in the event(s). I agree not to hold the Oxnard Union High School District, Adolfo Camarillo High School, or any of its employees or volunteers liable for any injury occurring during the event, or while the student is being transported, or is transporting him/herself, to or from the event(s) mentioned on this form. \*

Parent/Guardian Signature Date

Principal's Signature Date

The California Vehicle Code places the primary liability for property damage and bodily injury on the owner of the vehicle. The school district cannot provide insurance coverage for non-owned vehicles. If you will be a parent/volunteer driver, or if "Yes" is initialed in #3 above, please complete this section:
Driver(s): Insurance Company
Insurance information:
Injury Liability: (OUHSD minimum required: \$100,000/\$300,000) \$ /
Property Damage Liability: (OUHSD minimum required: \$15,000) \$ /
Vehicle(s): Year Make Model Plate R/O
Year Make Model Plate R/O
Driver's License Number(s): Expiration Date
Expiration Date

# Student Permission to Participate in a School Activity

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Activity/Field Trip: Mariachi Concert at Alma Via

Date: Friday, May 4th, 2018

Depart/Start time: 1:00 Pm Return Time: 2:45 Pm

The above-named student has my permission to participate in the above school activity:

Class Period	Teacher's Signature	Date
0		
1		
2		
3		
4		
5		
6		
7		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Students must obtain signatures prior to the day of the activity. Teachers are not required to sign this permission slip on the day of the activity or trip.

\*\*Students need to be in a good standing in the class before the teacher will sign this permission slip.