

Natomas Charter School

Overnight/Out of Town Field Trip Permission Information

(THIS FORM TO REMAIN IN OFFICE)

Program: **Leading Edge Academy** Date: _____

Teacher's Name: _____ Class: _____

Field Trip Destination: _____

Depart Date: _____ Time _____ am/pm Return Date: _____ Time _____ am/pm

TRANSPORTATION will be provided by:

NUSD Bus Private Vehicle Walking Chartered Bus Commercial Transportation

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 my child elects not to participate.

The field trip will begin and end at (Location) _____

I understand that all students participating in this trip will be responsible in conduct to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided.

If the trip is not during the regular school day or begins or ends outside regular school hours, parents are required to arrange for transportation to and from school or point of departure and return.

My son/daughter _____ has my permission to participate in the field trip to: _____ on _____.

Waiver: California law states: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district (it's employees) or the State of California for injury, accident, illness, or death occurring during or by reasons of the field trip or excursion. All adults taking out-of -state trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims." (Education Code 35330) My signature on this form shall constitute an informed and knowing waiver as **required by law.**

Parent/Guardian Signature

Date

Phone Number

Work Phone Number

The Natomas Charter School makes every effort to protect all pupils, but does not assume any liability for injury.

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**Overnight/Out of Town Field Trip Emergency Information
(TEACHER SHALL CARRY THIS FORM WHILE ON THE FIELD TRIP)**

Student's Name _____

Date of Birth: _____ Height: _____ Weight: _____

_____ has my permission to participate in the field trip to: _____ on: _____

Parent/Guardian's Signature: _____ Date _____

Emergency Information

(Best Day Time Phone) (Best Night Time Phone)

Parent #1 Name and Address: _____

Work Phone: _____ Cell Phone _____

Parent #2 Name and Address: _____

Work Phone: _____ Cell Phone _____

If my child is ill, has an emergency and I cannot be reached, please call:

Relative, Friend, Other _____ Phone numbers: Home and work _____

Please indicate action desired in the event of an accident or emergency. Please check 1 or 2 below.

_____ 1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the Natomas Charter School to make sure arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, 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 Number _____

Medical Plan _____ Military I.D. No. _____

Patient's Medical No. _____ Other _____

My son/daughter has the following medical condition and/or allergies: _____

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

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

Parent/Guardian's Signature: _____ Date _____