



SWEETWATER UNION HIGH SCHOOL DISTRICT
REQUEST FOR EXCURSION/FIELD TRIP
Trip Information

Date \_\_\_\_\_

SCHOOL \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

1. Sponsoring agency/group \_\_\_\_\_

2. In the event of a potential Revocation of District Authorization for Excursion/Field Trip, the following are the two key contacts the Superintendent and/or his designee may direct all correspondence to:

Name: \_\_\_\_\_ Hm. # \_\_\_\_\_ Wk. # \_\_\_\_\_ Email \_\_\_\_\_
Name: \_\_\_\_\_ Hm. # \_\_\_\_\_ Wk. # \_\_\_\_\_ Email \_\_\_\_\_

3. Destination (Attach itinerary if more than one stopover is involved)
\_\_\_\_\_
\_\_\_\_\_

4. Expected day/time of departure \_\_\_\_\_

5. Number of overnight stays \_\_\_\_\_ Comment \_\_\_\_\_

6. Number of days of travel \_\_\_\_\_ Comment \_\_\_\_\_

7. Expected day/time of return \_\_\_\_\_

8. Purpose (Goals/objectives with clear indication of relationship of the proposed field trip to the district course of study. Attach separate sheet if necessary)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

9. Certificated staff member responsible \_\_\_\_\_

10. Number of participants (Less adult chaperones) \_\_\_\_\_

11. Number of adult chaperones, less certificated staff member responsible \_\_\_\_\_

12. Transportation will be provided by:

- District bus Commercial carrier (Charter Bus) Private vehicle\*

\*If using a private vehicle, please complete Driver Information Sheet (Form 4124-18, Exhibit 4) and submit to the Office of Risk Management. A minimum of 20 days in advance.

13. If by commercial carrier\*, the company providing transportation: \_\_\_\_\_

\*You may only use a commercial carrier that has been approved by the board of trustees.

14. Projected costs: Total \_\_\_\_\_ Per participant \_\_\_\_\_ Funding Source \_\_\_\_\_
(i.e. Cat./Grant.)

15. Insurance:
Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Carrier \_\_\_\_\_
Student Accident Insurance: Amt. of Coverage \$ \_\_\_\_\_ Carrier \_\_\_\_\_

16. The following has been complied with or will be complied with prior to departure:

**I. For one-day excursion/field trips, within the state, principal's approval required; Application must be submitted at least 20 school days in advance of the trip. (please complete the following)**

- a. Parent permission slip for student participation on file exempting the district from all financial responsibility.
- b. Optional adequate illness, accident and death insurance provided for all participating students and adults. (*Supplemental Health/Accident Insurance available for a nominal fee through provider of student accident insurance.*)
- c. If out of country, written assurance of sufficient funds to cover all travel and expenses, executed and filed.
- d. Written assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds.
- e. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.

**II. For overnight excursion/field trips, within the state, of no more than two nights and three days, the Superintendent or his/her designee approval required. Application must be submitted at least one month (30 calendar days) in advance of trip. (please complete the following)**

- a. Parent permission slip for student participation and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** on file exempting the district from all financial responsibility.
- b. Adequate optional illness, accident and death insurance provided for all participating students and parents. (*Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.*)
- c. Required liability insurance provided when using private vehicle and commercial carrier.
- d. Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
- e. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
- f. If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.

**III. For field trips involving three or more nights and/or out-of-state, Board of Trustees approval required; Application must be submitted at least two months (60 calendar days) in advance of the trip. (please complete the following)**

- a. Parent permission slip for student participation and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** on file exempting the district from all financial responsibility.
- b. If out-of-state, statement specifying public funds will not be utilized for anything other than salaries, executed and filed.
- c. If out-of-state, waiver of claims and hold harmless agreements executed by each adult and parent or guardian of each student participating in the field trip, and filed.
- d. Adequate optional illness, accident and death insurance provided for all participating students and parents. (*Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.*)
- e. Required liability insurance provided when using private vehicle and commercial carrier.
- f. If out-of-country, assurance of sufficient funds to cover all travel and living expenses, executed and filed.
- g. Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
- h. If out-of-state, assurance that sufficient "cancellation" insurance has been investigated and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** (Form No. 4020-18) is on file exempting the district from all financial responsibility in the event the activity is cancelled.
- i. If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
- j. If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.

Person proposing excursion/field trip: \_\_\_\_\_

Principal: \_\_\_\_\_ Additional authority, of other than principal: \_\_\_\_\_



SWEETWATER UNION HIGH SCHOOL DISTRICT

PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Name: \_\_\_\_\_, has my permission to attend \_\_\_\_\_
\_\_\_\_\_ which will take place at \_\_\_\_\_
(activity/Event)

Date of event: \_\_\_\_\_ Depart time: \_\_\_\_\_ Return time: \_\_\_\_\_

Class or group attending \_\_\_\_\_ Teacher/leader \_\_\_\_\_

Method of transportation \_\_\_\_\_ If traveling by automobile,
Name of driver/Drivers
License # \_\_\_\_\_ D.L. # \_\_\_\_\_

- 1. I understand that all students going on this trip will be responsible in for their conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are \_\_\_\_\_ are not \_\_\_\_\_ considered by the district to be of "high risk" to the participants.

Education Code §35330(d) 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. 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 such claims."

In accordance with this statute, and in consideration of my son/daughter's participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act of war, except for any claims based upon the fraud, willful injury to a person, property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter's conduct while participating in said field trip or excursion.

In the event of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter's safety and welfare. I agree that the resulting expenses will be my responsibility.

Signature of Parent(s)/Guardian(s)/Caregiver(s) [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Date
Cellular telephone# to contact
Parent or Guardian during event

Health Insurance Company Policy Number



**SWEETWATER UNION HIGH SCHOOL DISTRICT**

STATEMENT REGARDING ADULT PARTICIPATION IN OFF-CAMPUS  
SCHOOL-SPONSORED EVENTS

I, \_\_\_\_\_, plan to participate  
in \_\_\_\_\_, and do hereby  
(Event or Activity)

acknowledge that I have been advised that the activities involved in this excursion/field trip or event are \_\_\_\_\_ are not \_\_\_\_\_ considered by the district as being of “high risk” to both student and participants.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**WAIVER OF CLAIM**

(To Be Completed for Out-of-State Events Only)

I do hereby waive all claims and hold harmless the individual sponsors, the Sweetwater Union High School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)



SWEETWATER UNION HIGH SCHOOL DISTRICT

DRIVER INFORMATION SHEET

To be filled out by persons who will be driving private vehicles to transport students on excursions, field trips, or extracurricular events.

I. \_\_\_\_\_, will be driving a private vehicle used to transport students from \_\_\_\_\_ (School Site) on an excursion/field trip or extracurricular event, to:

\_\_\_\_\_ on \_\_\_\_\_ (Place) (Date)

II. Vehicle Information (No other person(s) authorized to drive the aforementioned vehicle for this excursion/field trip.)

Table with 2 columns and 7 rows: Make, Model, Year, Color, License Plate Number, How many passengers can you accommodate?, Are you registered owner? If not, who is?

I certify that:

- A. I possess a current, valid, driver's license. CDL No.: \_\_\_\_\_
B. I am of 18 years of age.
C. I carry a minimum insurance of \$100,000 bodily injury per person/\$300,000 per accident and \$50,000 property damage, or in lieu thereof, \$300,000 combined single limit.

Insurance Provider: \_\_\_\_\_

- D. The vehicle I will be driving is in safe condition and will not be overloaded for the trip. Each student must have a seat belt.
E. You will need to provide a copy of (two weeks in advance):
1. Your driver's license
2. Your current insurance declaration sheet which lists your coverage
3. Must be submitted with a copy of Request for Excursion/Field Trip packet
4. List of students being transported

\_\_\_\_\_(Signature) \_\_\_\_\_(Date)



**SWEETWATER UNION HIGH SCHOOL DISTRICT**

**Hold Harmless Agreement and Agreement Not to Sue  
Regarding Revocation of District Authorization**

I, the undersigned, declare that it is my desire to allow my child(ren), \_\_\_\_\_, to participate in the planned excursion or field trip to \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.

I am aware that it is possible that the District authorization for the planned excursion or field trip may be revoked or withdrawn at the discretion of the Superintendent and/or his/her designee due to concerns for student safety or other circumstances or events.

I understand that a cancellation may occur even after all required deposits have been paid and all arrangements have been made. I understand that the Sweetwater Union High School District recommends that I investigate travel cancellation insurance and I understand that it is my responsibility to do so.

In the event of a revocation, I am aware that the Sweetwater Union High School District, its board members, officers and employees would not be responsible for reimbursing any money to me or any other person or entity who has contributed money or time to fund my child(ren) costs for the planned excursion or field trip.

In exchange for the right to register my child(ren) to participate in the planned excursion or field trip identified above, I hereby agree that I, my heirs, legal representatives and assigns do release, discharge and will hold harmless and not sue the Sweetwater Union High School District, its officials, employees, representatives, agents, servants or volunteers, for any liability, claims, damages, expenses, actions or costs suffered by me in raising, giving, granting, loaning or donating funds or items to support the participation of my child(ren) in the excursion of field trip. I also agree to indemnify the Sweetwater Union High School District for claims by any person or entity arising from their participation in a fundraising or giving, granting, loaning or donating funds or items to support the participation of my child(ren) in the excursion or field trip.

**I HAVE CAREFULLY READ THIS HOLD HARMLESS AGREEMENT AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL RIGHT TO DEMAND REIMBURSEMENT OR SUE IN CONNECTION WITH EXPENSES INCURRED OR FUNDS RAISED IN CONNECTION WITH THE PLANNED EXCURSION OR FIELD TRIP IDENTIFIED ABOVE. I SIGN IT OF MY OWN FREE WILL.**

Print Name Mother: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name Father: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_



**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
1130 Fifth Avenue  
Chula Vista, CA 91911-2896

**PERMISSION SLIP & POWER OF ATTORNEY FOR MINOR STUDENT  
TO TRAVEL OUTSIDE OF THE UNITED STATES ON A DISTRICT FIELD TRIP  
WITH SWEETWATER UNION HIGH SCHOOL DISTRICT**

I hereby grant permission to \_\_\_\_\_ (hereinafter "the Minor"),  
FULL LEGAL NAME OF MINOR CHILD

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , who was born in \_\_\_\_\_ ,  
MONTH/DAY/YEAR CITY, STATE, COUNTRY

and who is my \_\_\_\_\_, to visit the following country or countries  
SON, DAUGHTER, WARD, ETC.

\_\_\_\_\_  
SPECIFY COUNTRY/COUNTRIES TO BE VISITED BY MINOR

solely for purposes of a school-related field trip.

The Minor shall depart the U.S. on or after \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and return to no later than \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

The Minor shall be accompanied by: \_\_\_\_\_  
FULL LEGAL NAME OF ACCOMPANYING ADULT

to whom I/we hereby grant temporary care-giving authority regarding the minor child.

I/We the undersigned, authority the named caregiver to do one or more of the following:

(\_\_\_\_) Obtain medical, dental, and mental health treatment for the child, and

(\_\_\_\_) Provide for the child's food, lodging, housing, recreation and travel.

The Minor's Parent/Guardians hereby agree that the Minor's country of habitual residence (home country) is:

\_\_\_\_\_  
SPECIFY COUNTRY

Signature: \_\_\_\_\_  
FULL LEGAL NAME OF PARENT/LEGAL GUARDIAN

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH/DAY/YEAR

Signature: \_\_\_\_\_  
FULL LEGAL NAME OF PARENT/LEAGL GUARDIAN

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH/DAY/YEAR



**CONSENT FOR EMERGENCY TREATMENT OF MINORS WHILE TRAVELING  
OUTSIDE OF THE UNITED STATES WITH THE SWEETWATER UNION HIGH SCHOOL DISTRICT**

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

The period of time over which the Emergency Medical Treatment Authorized exists is as follows:

Beginning at 12 midnight on: \_\_\_\_\_  
MONTH/DAY/YEAR

Ending at 12 midnight on: \_\_\_\_\_  
MONTH/DAY/YEAR

I, the undersigned, am one of the parents of the minor named above. I know that for the following reasons I may not be available to personally authorize medical, dental, surgical care and hospitalization for said minor. These reasons are: MY CHILD IS TRAVELING OUTSIDE OF THE UNITED STATES WITH THE SWEETWATER UNION HIGH SCHOOL DISTRICT AND I AM NOT ATTENDING WITH THEM.

I hereby give my consent and authorization for any emergency or non-emergency diagnostic procedures, medical, dental, surgical care and hospitalization that any health care provider so determined as advisable, in the best judgment of said health care provider including, but not limited to, any physician, dentist or hospital personnel providing health care to the minor.

In my absence, I hereby appoint the following person to discuss the matter with the health care provider and participate in the health care decision making concerning my minor child, insofar as the law of California State permits me to do so, to enter in to the decision, to convey to the provider my consent, and to consent to said treatment.

Names, Address and Phone Number of the primary person I am appointing:

\_\_\_\_\_  
FULL LEGAL NAME OF ACCOMPANING ADULT(S)

If the person designated above is not reasonably available, willing or competent to participate in the health care decision-making concerning the minor, I designate one of the following persons in the priority order listed below to participate in the decisions as stated above.

Names, Addresses and Phone Numbers of those secondary persons I am so authorizing are as follows:

\_\_\_\_\_  
[FULL LEGAL NAME OF ACCOMPANING ADULT(S)]

I hereby authorize the health care provider to discuss in full with any of those persons designated any medical information that is required to help the input of the persons so designated.

I have put the important medical facts, if any, below. The medical facts are intended to help a doctor, medical personnel, or other health care provider in deciding what treatment is to be given but is in no way intended to restrict the authorization and consent hereby given.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Medical history or other pertinent facts that should be known: \_\_\_\_\_

\_\_\_\_\_

For information only, I am listing said minor's usual dentists and doctors so they may be consulted if that is deemed necessary by anyone:

_____	_____
Physician's Name	Dentist's Name
_____	_____
Phone Number	Phone Number

It is intended that this document shall be presented to the physician, dentist, or appropriate hospital or medical representative at such time that the medical, dental, surgical care or hospitalization shall be authorized.

It is intended that this authorization relieve and hold harmless any physician, dentist, hospital or hospital personnel, or any health care provider or any hospital or institution in which such care is given from any liability resulting from the failure of me, as parent, or another person, from signing a consent or authorization to render such care. It is the intent that the person or persons appointed herein shall be able to act in my stead in making decisions.

_____	_____	_____	_____
Signature of Parent	Date	Signature of Parent	Date
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
Home Telephone Number		Home Telephone Number	
_____	_____	_____	_____
Work Telephone Number		Work Telephone Number	
_____	_____	_____	_____
Cell Telephone Number		Cell Telephone Number	

Student's Name: \_\_\_\_\_

**ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of, \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

Personally appeared \_\_\_\_\_

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

"Sweetwater Union High School District programs and activities shall be free from discrimination based on age, gender, gender identity or expression, or genetic information, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics."

**SUHSD Board Policy 0410.**