



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
SCHOOL TRIP PERMISSION/EMERGENCY INFORMATION**

School Name _____ Teacher's Name _____
School Trip Destination _____
Departure Date _____ Time: _____ am/pm Return Date _____ Time: _____ am/pm
TRANSPORTATION: Walking _____ Private Vehicle (volunteer drivers) _____ District _____ Commercial _____

If by private car, I understand that seat belts and/or car seats are required by law to be worn/used by all passengers. I further understand that safety considerations and California State Law require that no child ride in the front passenger seat of my vehicle. I also understand that children **MUST** be secured in an appropriate child passenger restraint system (car seat or booster seat) until they reach eight (8) years of age or are 4' 9" in height or taller. A child who is 4' 9" or taller may be properly restrained by a seat belt.

INFORMATION: Education Code Section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with courses of instruction of school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary. As a voluntary event, no special attendance credit is given for participation, and an alternative activity at school will be provided if my child does not participate.

PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student _____ Parent/Guardian _____
Home # _____ Work # _____ Cell # _____

PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING STUDENT'S HEALTH:

_____ My child has no known health problems.
_____ My child has the following health problems: _____

(Please identify any medication that the child may need during the course of this trip)

PLEASE CHECK #1 OR #2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

_____ 1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician the named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COST INCURRED AS A RESULT OF THE FOREGOING.**

Physician's name _____ Phone # _____
Medical Insurance Name (Kaiser, etc) _____ Medical # _____

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

WAIVER: 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 Section 35330) I acknowledge that as a condition of my child's participation, I agree this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees. Further, I agree to indemnify and hold harmless the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/field trip event.

I understand that participation in this field trip involves a certain degree of risk. I have carefully considered the risk involved and consent for my child/myself to participate in the field trip.

☐ Additionally, I agree to participate as a Volunteer Chaperone for this event. My Volunteer Clearance Form is on file in the school office.

My signature below authorizes my child to participate in the field trip:

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____
(Original Form to be carried by person transporting student)

Teacher to return original form to school office after field trip.



San Ramon Valley Unified School District
Danville, CA

STUDENT ATHLETE HEALTH QUESTIONNAIRE
(To be filled out by Parent/Guardian)

Student's Name _____ Grade _____ DOB _____
Mother/Guardian _____ Phone _____
Father/Guardian _____ Phone _____

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD

_____ Asthma _____ Diabetes (Blood sugar issues)
(inhaler required) Yes ☐ No ☐
_____ Seizure Disorder /Epilepsy _____ Heart Condition
_____ Other _____
_____ Allergies (food, medication, environment, insects)
Explain _____
Does your child carry an Epi-Pen? Yes ☐ No ☐

List all medication taken by your child:

At Home _____
At School _____

Are there any other medical / special conditions or health concerns that the school site or coaches should be aware of?

PLEASE NOTE: If a medical emergency occurs, 911 will be called to respond.

Signature of Parent/Guardian

Date:

*****TO PARTICIPATE IN AFTER SCHOOL SPORTS, THIS FORM
MUST BE TURNED IN PRIOR TO THE FIRST DAY OF TEAM
PRACTICE - NO EXCEPTIONS!**