

Pleasanton Unified School District
FIELD TRIP ADDENDUM
OVERNIGHT FIELD TRIP ACTIVITIES
AUTHORIZATION AND LIABILITY WAIVER FORM

Student Name: _____ Grade: _____

Student's specific medical needs, including medication to be taken, if any: _____

Name and telephone number of medical provider: _____

Emergency Contact (please provide name, phone number (include cell), and relationship to student):

The undersigned acknowledges and understands the following:

1. **Student participation in the field trip is strictly voluntary and not required.**
2. Students must travel to and from the trip destination on the transportation provided, unless prior arrangements have been made and agreed to **in writing** by the principal or site administrator.
3. The field trip will begin and end at _____ School unless prior alternative arrangements for pick up and drop off of students have been made and communicated to school staff **in writing** at least 24 hours before the field trip.
4. Students must comply with all applicable transportation and field trip rules and shall be subject to discipline up to and including suspension or expulsion for their actions on the field trip.
5. Students may be denied future field trips and be sent home, at parent/guardian(s) expense, if transportation or field trip rules are not followed.
6. Students are responsible in conduct to the teacher, chaperones and, if applicable, adult sponsors, at all times.

The undersigned acknowledges and understands that *California Education Code* section 35330 provides that all persons participating in a 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. The undersigned acknowledges and understands that, as a condition of his/her son/daughter/ward participating in said field trip, he/she agrees to indemnify and hold harmless the school, its employees and volunteers, the Pleasanton Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out of the field trip.

Parent Initial Here _____

I, the undersigned, represent that I am the parent or legal guardian of the above-named student and acknowledge that I have read and understand the above information. I grant permission for my child/ward to attend the _____ trip. Further, in the event the above-listed emergency contact cannot be reached in an emergency, I authorize school staff to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child at my sole expense.

(Date)

(Signature)

(Print Name)