



FIELD TRIP AUTHORIZATION

(CONSENT FOR STUDENT TO PARTICIPATE AND BE TRANSPORTED TO ACTIVITIES/EVENTS/TRIPS)

TO BE COMPLETED BY TEACHER

Name of Student: _____

Person in Charge/Teacher: _____ Class Title: _____

Date(s): _____ Time: Departure/Return: _____ / _____

Destination to: _____ Leaving from: _____

Mode of Transportation: Private Auto School Bus Other _____

Purpose: _____

TO BE READ AND COMPLETED BY PARENT/GUARDIAN OR ADULT STUDENT

I fully understand that all participants are to abide by all rules and regulations governing conduct during this activity. It is understood that any one determined to be in violation of these behavior standards may be sent home at the parent's/guardian's, or adult student's own expense.

I understand and acknowledge that as provided in Education Code section 35330, by consenting to allow my child, or myself as an adult student, to participate in this activity, I shall by law be deemed to have given up all claims against the CRY-ROP, and the school district at which the CRY-ROP program is located, and each of its officers, employees and agents, and the State of California, for any injury, accident, illness or death occurring during or by reason of this activity. I also agree to relieve the CRY-ROP, and the school district at which the CRY-ROP program is located, of any responsibility for damage to or loss of personal property occurring during or by reason of this activity.

By signing this form, I acknowledge that my student may be a passenger in a private car (not driven by a student), and hereby give my permission for that transportation to take place. Non Applicable to this event.

In the event of any illness or accident, I give CRY-ROP full authority to obtain such medical treatment and/or surgery from a licensed physician and/or surgeon as deemed necessary for the welfare of my student or myself as an adult student.

_____ *In the event of illness or accident, please contact:*

Health Insurance Company _____

Policy Number _____ Name _____

Group Number _____ Address _____

Name of Insured _____ Telephone _____

_____ Possible Medical Problems (Allergies, etc....)

_____ List Any Necessary Medications

_____ **SIGNATURE OF PARENT/GUARDIAN, or ADULT STUDENT** _____ **DATE**

Original to: Program Manager

Copy to: Teacher & Program Support Specialist