OSA
Oakland School *for the* Arts
FIELD TRIP PERMISSION FORM AND WAIVER

Your child has received school staff approval to participate in a field trip. Under the California Educational Code, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher and/or school administrator, and all precautions are taken to ensure each student's welfare.

Student Name: _____

Field Trip Location and Address:_____

The trip will depart from and return to: (*school name*) _____

Field Trip Date: _____ Departure Time: _____ Return Time: _____

Trip Description. The field trip will involve the following activities: (*Teacher: describe trip and activities in detail. For overnight and/or out-of-state trips, provide a detailed itinerary to include: travel arrangements, accommodations and supervision plan*):

_____

_____

Class or group attending: _____ Number of Students:_____

Items Student Should Bring (*if any*): _____

Names of teacher(s), staff, coach(es), chaperone(s)(*Teacher: next to each name, indicate whether adult is a teacher, staff, coach or chaperone*).

_____

Transportation.

_____

If traveling by automobile, name(s) of approved driver(s):_____

_____

WAIVER OF CLAIM: I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District, Oakland School for the Arts (OSA) and/or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the District, State of California and/or OSA (and its officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the District*,* OSA and/or the State of California for any injury, 8accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

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AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

PARENT/GUARDIAN SECTION: MUST BE COMPLETED

Print Name(s) of Parent/Guardian:

Parent/Guardian Work Phone:

Emergency Phone Number:

Emergency Contact Person: _____ Phone:

Physician: _____ Phone:

Health Insurance Name:

Policy Number:

Student's Critical Medical Needs/Allergies/Conditions:

By signing this permission form, you agree that your child can be photographed, recorded videotaped and/or identified by name, should the occasion occur, and that you indemnify OSA and approved media organizations. All rights to the content remain with the organization taking/making the media.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Date: _____   Parent /Guardian Signature:

For High School Students Only. With the teacherøs approval, a high school student may wish to meet at and/or leave from the destination on his/her own. If this choice applies to your child and you approve, please sign below. Otherwise, he/she will leave and arrive at OSA with the supervising teacher. Under this option, OSA will not be liable for any incidents that may occur. Additionally, your child may not transport any other students.

õI certify that my son/daughter has a valid driverøs license and that the vehicle is properly registered and has full liability insurance coverage. My high school student has my permission to drive to and from the destination for field trip referenced in this document on his/her own and I accept full responsibility.ö

Parent/Guardian signature: _____**Date**: _____