

**CLOVIS UNIFIED
SCHOOL DISTRICT**

INSTRUCTION

Instructional Program

SCHOOL-SPONSORED TRIPS/FIELD TRIPS

PARTICIPATION IN VOLUNTARY FIELD TRIP FORM

The Participation in Voluntary Field Trip Form is set forth on the following pages and shall be used in accordance with Board Policy and Administrative Regulation No. 6153.

Adopted: 03/24/2010

Amended: 09/26/2011, 11/18/2021 (EXH 3204(1) renumbered as EXH 6153(1))

Doc# 46370-3 (11/2021, None)



EXHIBIT NO. 6153(1)

PARTICIPATION IN VOLUNTARY FIELD TRIP FORM

CONSENT, ASSUMPTION OF RISK, AND EMERGENCY MEDICAL AUTHORIZATION
(This form must be completed for participation in all field trips conducted by the District)

1. DESCRIPTION OF FIELD TRIP (to be completed by school site)

The following voluntary field trip has been authorized by (school): _____

Specific Location: _____

Description of Field Trip: _____

Mark as Applicable: Overnight Trip: Yes No Out-of-State Trip: Yes No

Day(s)/Date(s): _____ Departure: _____ AM/PM Return: _____ AM/PM

School Person in Charge: _____ Position: _____

Lunch

- Student will be at school during lunch
- Participant should bring sack lunch/drink*
- Other _____

Method of Transportation

- Walking
- School Bus
- Airplane (commercial)
- Private Vehicle**
- Charter Bus
- Other: _____

* See 2. Authorization and Waiver section below

**Exhibit No. 3541.1(3) - Permission for Student to be Transported by Private Vehicle is included and must be completed, signed, and returned with this form.

A field trip fee (covering direct costs) in the amount of \$ _____ will be collected.

The participant may be exposed to the following high-risk activities during this field trip/activity: _____

2. AUTHORIZATION AND WAIVER (to be completed and signed by parent/guardian if participant is a minor student, or the adult student or volunteer/chaperone; please return this form to the school person in charge listed in 1 above)

Participant Name: _____

The above participant is (mark one): Minor Student Adult Student Volunteer/Chaperone

a. If applicable, please mark each below:

- LUNCH: I need Campus Catering to provide a sack lunch for the above-named participant. (Students will be charged according to their status in the National School Lunch Program. Other participants will be charged the full amount.)
- ADULT VOLUNTEER/CHAPERONE: I wish to volunteer as a chaperone and understand that I must complete, sign, and submit Exhibit No. 1240 - Volunteer Application Form and meet the requirements set forth in Board Policy and Administrative Regulation No. 1240 – Volunteer Assistance.

b. By signing below, I acknowledge that I have had the opportunity to review and agree to the following:

(1) **AUTHORIZATION TO PARTICIPATE IN FIELD TRIP:** If the participant is a minor, I represent that I am the parent/guardian of the above-name participant and hereby authorize his/her participation in the field trip listed in 1 above. If the participant is an adult, I hereby voluntarily agree to participate in the above-listed field trip.

(2) **EMERGENCY MEDICAL TREATMENT:** In the event of illness or injury to myself (if participant is an adult) or my child (if participant is a minor), I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participants in this field trip. I understand that the resulting expenses for illness or injury will be the responsibility of the participant.

STUDENT – ADULT AND MINOR: Special instructions regarding emergency medical treatment for the above-named participant, if he/she is a District student, are on file in the school office. (Please refer to the Emergency Card located in the school office.)

CHAPERONE/VOLUNTEERS: Special medical instructions, if any: _____

(3) **COMPLIANCE WITH POLICIES AND REGULATIONS:** I fully understand and agree that participants must abide by all District board policies, administrative regulations, and rules and regulations governing conduct.

(4) **HIGH-RISK ACTIVITIES:** I acknowledge that although the field trip may not be considered a high-risk activity, participants may be exposed to the high-risk activity(ies) listed above during the above-listed field trip. I voluntarily assume such risks on behalf of myself (if participant is an adult) or my child (if participant is a minor).

(5) **WAIVER:** As provided for in Education Code Section 35330, I agree to waive all claims on behalf of myself (if participant is an adult) or my child (if participant is a minor) against the District and hold the District and its governing board and members thereof, officers, employees, volunteers, and agents harmless for any injury, accident, illness, or death occurring during or by reason of the above-listed field trip. This waiver shall not apply to any injury, accident, illness, or death that is caused solely by the negligence of the District or its governing board or members thereof, officers, employees, volunteers, or agents.

Signature: _____ Date: _____

Print Name: _____

Medical Insurance (i.e., Blue Cross, Kaiser): _____ Policy No.: _____

Emergency Contact: Name _____ Relation to Participant: _____

Cell Phone No.: _____ Other Phone No.: _____

Name _____ Relation to Participant: _____

Cell Phone No.: _____ Other Phone No.: _____