



### SANGER UNIFIED SCHOOL DISTRICT Permission for Student to Participate in Field Trip/Activity (Transportation by Private Vehicle)

Your son/daughter is scheduled to participate in an off-campus field trip/activity approved by the Sanger Unified School District (*District*) and supervised by school personnel. Transportation will be provided by private vehicle to and from this activity. The driver listed below has met the requirements imposed by Board Policy No. 3541.1 and Administrative Regulation No. 3541.1(b). In the event of an accident, the insurance coverage on the vehicle owned by the adult driver shall bear primary responsibility for any loss or claims for damages.

NOTE: In cases where more than one driver has been authorized to transport students involved in activities/programs throughout the school year, a list of the approved drivers has been attached.

Approved driver name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Day/Date/Year: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Specific location of trip/activity: \_\_\_\_\_

Description of trip/activity: \_\_\_\_\_

School conducting trip/activity: \_\_\_\_\_ School person in charge: \_\_\_\_\_ Position: \_\_\_\_\_

#### PARENT/GUARDIAN AUTHORIZATION:

I give my permission for \_\_\_\_\_ (student name) to participate in and to be transported by private vehicle to the field trip/activity outlined above. I understand that the student named above is to accept all rules and requirements governing conduct during this field trip/activity. I understand that under Education Code section 35330, all persons making the field trip/activity shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip/activity.

\_\_\_\_\_  
*Printed Name of Parent/Guardian* *Signature* *Date*

\_\_\_\_\_  
*Address* *City* *Zip* *Phone Number*

Alternate emergency contact person: \_\_\_\_\_  
*Name* *Phone Number*

Secondary student signature acknowledges understanding of rules and requirements governing conduct during activity:

\_\_\_\_\_  
*Printed Name of Student* *Signature* *Date*

#### STUDENT MEALS

\_\_\_\_\_ A meal period **will not** be provided during the field trip/activity.

\_\_\_\_\_ A meal period **will** be provided during the field trip/activity. The District can provide a sack lunch for your student at the same price that students pay for lunch on a regular school day.

Parent/guardian, check one: \_\_\_\_\_ Yes, provide a sack lunch for my student. \_\_\_\_\_ No, do not provide a sack lunch, I will provide a lunch for my student.

#### EMERGENCY MEDICAL AUTHORIZATION

In the event of an illness or injury, and I cannot be reached at the contact information provided above, I consent to whatever medical treatment or hospital care for my student that is considered necessary in the best judgment of the attending physician or dentist in the hospital or facility furnishing medical or dental services.

\_\_\_\_\_  
*Health Insurance Company* *Policy Number* *Signature of Parent/Guardian* *Date*