

Santa Rosa Academy
STUDENT PERMISSION FORM

Student Participation in Off-Campus Activity/Field Trip

STUDENT NAME: _____ **GRADE:** ____ **EVENT:** _____

Education Code § 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with courses of instruction or school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education. Participation is voluntary.

School Year: _____

Destination: _____ Supervising Teacher: _____

Date of Activity: _____

Nature of Activity: _____

Departure Time: _____ Return Time: _____

Type of Transportation: _____ Bus _____ Private Vehicle _____ Walk

Student will need: Sack Lunch/Snack _____
Money (amount/purpose) _____
Special clothing and/or equipment, sunscreen, etc. (specify) _____

WAIVER: California law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against Santa Rosa Academy, Menifee Union School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trips or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement to waive such claims.' [Education Code §35330] My signature on this form shall constitute an informed and knowing waiver as required by law.

RELEASE FROM LIABILITY AND INDEMNIFICATION: For, and in consideration of, permitting the above-named student to attend the above-described field trip or other off-site activity (the "Activity") which may include transportation by a private vehicle, I hereby voluntarily release from liability and waive any and all claims or causes of action for personal injury or death occurring to the Student or others, or property damage arising from the negligence of Santa Rosa Academy("SRA") or otherwise, against SRA or any of its officers, agents, teachers, employees or assignees. I do hereby release SRA from liability for myself and my heirs, executors, administrators and assigns, and I shall indemnify and hold harmless SRA from any and all such claims or causes of action. I hereby acknowledge that I understand the effects of releasing SRA of all such liability, including, but not limited to, that caused by negligence.

Name of Student (please print)

Name of Parent/Guardian (please print)

Date

Address

Signature of Sponsor/Administrator Date

Home Phone

Work Phone

Parent Email Address

Cell Phone

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Student's address and telephone (if different from above):

Address	City	Zip	Phone
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THIS PORTION OF THE FORM WILL BE KEPT BY THE CHAPERONE DURING THE ACTIVITY

MY SIGNATURE BELOW AUTHORIZES MY CHILD TO
PARTICIPATE IN PERMISSION GRANTED FIELD TRIP:

Parent or Guardian Signature: _____ Date: _____

(I) (We), the undersigned parent(s)/guardian(s) of a minor, do hereby authorize a designated representative of the Santa Rosa Academy or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provision of Section 6910 of the Family Code of California.

We hereby authorize any hospital, which has provided treatment to the above named pursuant to the provision of Section 6910 of the Family Code of California to surrender physical custody of such minor to our above named agents upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

If parent/guardian cannot be reached in the event of an emergency, please contact:

Name	Relationship	Home/Cell/Work Phone
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Name	Relationship	Home/Cell/Work Phone
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The undersigned parent/guardian of _____ age _____, a student of Santa Rosa Academy ("SRA"), hereby voluntarily agrees permission for said student to participate in all aspects of the above-named field trip or activity.

Please list pertinent medical history (e.g., drug, food, or environmental allergies, bee stings, previous illness, injury, activity limitations, current medications). Include signs and symptoms of an allergic reaction and what treatment your child seeks when a reaction occurs. Also include side effects of current medications. Please write "N/A" if this is not applicable.

Date of last Tetanus Booster: _____