



CAMPBELL UNION HIGH SCHOOL DISTRICT
Field Trip/Excursion Form

1. Required Information from Parent/Guardian			
Student Name:		Teacher:	
School:		Grade:	
Parent/Guardian Name:		Parent/Guardian Name:	
Phone No.:		Phone No.:	
<p><u>Initial One Line:</u></p> <p>_____ My student has no special health needs which staff should be aware of and medication is NOT required during the trip/excursion.</p> <p>_____ The school is aware of my student's health needs, if any, and the completed and signed forms are on file in the school office.</p> <p>Family Medical Insurance Carrier/Policy Number: _____</p> <p><i>Please indicate any medical or health problems (such as allergies) that the advisor or attending medical person should know including medications currently taken by your student:</i></p> 			
2. Trip Information			
Date:		Time Departing School:	Time Returning to School:
Destination and Address:			
Transportation:	<ul style="list-style-type: none"> • District Transportation • Private Vehicle(s) • Bus(es) 		<ul style="list-style-type: none"> • Walking • Flight • Other: _____
Recommended Cost per student:			
General Notes:	<ol style="list-style-type: none"> 1. No student will be excluded from attending because of a lack of sufficient funds. 2. Students will not be allowed to use transportation other than that which is identified above, without advance written permission of their parent/guardian and authorization from the school. 3. Drivers transporting students by private vehicle must register with and be approved by District. 4. Other: _____ 		



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3. Parent/Guardian Consent and Waiver

By initialing the three (3) statements and signing below, parent/guardian acknowledges and agrees:

____ My student has permission to attend the field trip or excursion and to be transported according to the information provided in this form.

____ California law (Education Code Section 35330) provides that all persons making the field trip or excursion, including out-of-state field trips or excursions, shall be deemed to have waived all claims including, but not limited to, claims on behalf of the parent/guardian and student, against District, its employees, governing board, and the State of California for injury, accident, illness, or death which occurs during or by reason of the field trip or excursion.

____ In the event of an accident or illness, District has permission to render and/or consent to whatever emergency medical treatment may be deemed necessary for the above-named student.

Printed Name: _____ Signature _____ Date _____

4. Student Acknowledgement

I agree to abide by the behavioral expectations outlined in the Student Handbook, which I received and reviewed during registration.

I (student) realize that I am responsible for the following:

1. Following all school rules while on the trip
2. Behaving in a manner that will be a credit to _____ High School
3. Making up all school work missed
4. Obtaining teachers' signatures giving approval to miss class *
5. Directing any problem on the trip to the advisor or other chaperones from _____ High School
6. Other

*

Period	Subject	Teacher	Period	Subject	Teacher
1			4		
2			5		
3			6		
7			7		

Printed Name: _____ Signature _____ Date _____

Cut Off and Keep as Reminder

Date: _____	Destination: _____	Leave/Return Time: _____ / _____
Special Notes: (Examples: Please pack lunch, wear warm clothes, bring notebook, etc.)		

Cc: Original to be carried on trip by advisor
Copy to be filed in Activity Director's Office prior to department