



FIELD TRIP PERMISSION FORM AND WAIVER

(Use this form for standard day trips only)

(Overnight, Out of State or Experiential Field Trips must use Overnight/Experiential Field Trip Form)

Your child has received charter school approval to participate in a field trip. Under the California Educational Code and Board Policy, 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, or certified athletic coach in the case of a same day athletic event, and all precautions are taken to ensure each student's welfare.

Student Name: _____

Field Trip Location and Address: **Private Basketball Clinic at 888 N. Douglas St., El Segundo, CA 90245**

The trip will depart from and return to: **n/a**

Field Trip Date: **Friday, September 20, 2019**

Arrival Time: Please arrive to the white tented area by **11:30 AM.**

Trip Description: Basketball Clinic for Da Vinci Students 12:00 PM – 2:00 PM

Class or group attending: n/a

Number of Students: n/a

Items Student Should Bring (if any): n/a

Names of teacher: n/a

Transportation: Families will arrange their own transportation and supervision of students.

WAIVER OF CLAIM: I understand that AB 766 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the Charter School for injury, 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 Charter School and the CCSA JPA (and their officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the Charter School, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand this field trip is optional and attendance by my child is not required and that an alternative activity at Charter School will be provided if I do not give permission for my child to participate.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.
3. I understand that all field trips begin and end at the School and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.

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 are 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/LEGAL GUARDIAN SECTION: MUST BE COMPLETED

Print Name(s) of Parent/Legal Guardian: _____

Parent/ Legal Guardian Work Phone: _____

Parent/ Legal Guardian Work Phone: _____
Emergency Contact Person: _____
Emergency Phone Number: _____
Pagers, cell phones, e-mail: _____
Physician/Health Insurance Name: _____
Policy Number: _____
Phone: _____
Student's Critical Medical Needs/Allergies/Conditions: _____

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 /Legal Guardian Signature:** _____

CHAPERONES: If agreement has been reached with the supervising teacher, and I chaperone students on this trip, I will comply with all Charter School requirements pertaining to the chaperoning of students.

Print Name _____ **Signature** _____