



# BULLETIN

**SUBJECT:** FIELD TRIP FORMS AND REGULATIONS      **2023-24 NO. BS - 7**

**TO:** All School Sites and Departments

**DATE:** August 17, 2023

**PREPARED BY:** Martine Kruger, Risk Management Specialist      **DEPARTMENT:** Risk Management/Employee Benefits

**REVIEWED BY:** Keyshun Marshall, Director II, Risk Management/Employee Benefits      **APPROVED:** *Jesse Castillo*  
Jesse Castillo, Assistant Superintendent, Business Services

---

For all field trips, school sites and departments must use the most recent [Field Trip Forms](#) on the intranet. Be aware of timelines and approvals needed prior to submitting the completed packet to your Area Assistant Superintendent. The [Field Trip Information Form](#) (RSK-F106F) provides an overview of the process and required forms. Please follow the important guidelines below.

## Important Guidelines:

- Local trips that are within 50 miles (that do not involve water or unusual activities) only require approval from the site principal.
- Volunteer drivers must have [Release of Driver Record Information](#) Form (EPN), TB test, and be fingerprinted.
- Please keep copies of all field trips on file at the site for at least two years.
- Trips requiring Board approval must be submitted **6 weeks** in advance of the departure date or the trip will be considered automatically rejected by the Area Assistant Superintendent and it will not be presented to the Board.
- Trips involving unusual activities or high-risk activities must be submitted to the Area Assistant Superintendent and Risk Management **6 weeks** prior to the trip. This allows the District's Risk Management team time to review the trip's details and draft any necessary waivers.

For school bus use and approved charter bus lines, contact the Transportation Office at (916) 395-5720 x470014. Please call the Risk Management at (916) 643-9421 if you have any questions.



Sacramento City Unified School District  
**FIELD TRIP INFORMATION & GUIDELINES**

This information is to assist you in completing the necessary paperwork for field trips.

- Submit all packets with the necessary information to the Instructional Assistant Superintendent for review and approval.
- Prior to submitting packet, make sure all required information is complete and accurate.
- All forms are available on the intranet under Risk Management [Field Trips](#).
- Release of Driver Record Information form should be submitted in advance to Risk Management prior to submitting completed packet for approval.
- On the day of the trip, changes to rosters and/or transportation lists should be submitted to the Transportation Office, Instructional Assistant Superintendent’s Office, and provided to the driver(s) and field trip coordinator.
- Parent permission forms and rosters are carried by the field trip coordinator on the trip.

**Important: Must comply with SCUSD COVID-19 Mitigation Guidelines for all trips outside of district facilities. No signature stamps allowed - Keep all field trip documents on file at the site for at least 2 years.**

School \_\_\_\_\_

Date of Field Trip \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Students \_\_\_\_\_

Number of Chaperones \_\_\_\_\_

**Local Trip (50-mile radius, submit for approval 6 weeks prior to trip; 2 weeks’ prior if walking/RT or Amtrak)**

- [Field Trip Request Form \(RSK–F106A\)](#)
- Principal Approval (No signature stamps allowed)
- Instructional Assistant Superintendent approval (**no approval for walking trips**)
- Itinerary ([sample](#))
- Field Trip Roster (RSK–F106I) or Infinite Campus printout - submitted on day of trip ([sample](#))
- [Student Field Trip Authorization Form \(RSK-F106C\)](#)
- [Agreement for Activity Participation Form](#)
- [Volunteer Personal Automobile Use Form \(RSK–F106E\)](#) - if applicable
- [Field Trip Vehicle Roster \(RSK–F106G\)](#)  
[Volunteer drivers must be fingerprinted](#) - Contact Human Resources
- [Release of Driver Record Information Form](#) – if applicable
- [Authorization for Administration of Medication Form](#)
- [Bus Request Form \(TRA–F006\)](#) - if applicable (No signature stamps allowed)
- [Transportation Agreement](#) – if applicable
- [Student Alternate Transportation Form \(RSK–F100B\)](#) - if applicable
- [Student Personal Automobile Use Form](#) - if applicable must be accompanied with RSK-F100B
- [Scheduling and Notification of Field Trip Form \(Food Request\) NSD-F028](#)
- [Travel Request Form \(ACC-F014\)](#) - if applicable

**Out-of-Town (beyond 50-mile radius, submit for approval 6 weeks prior to trip)**

- [Field Trip Request Form \(RSK–F106A\)](#)
- Principal Approval (No signature stamps allowed)
- Instructional Assistant Superintendent Approval
- Itinerary ([sample](#))
- Field Trip Roster (RSK –F106I) or Infinite Campus printout okay ([sample](#))

- [Student Field Trip Authorization Form \(RSK-F106C\)](#)
- [Agreement for Activity Participation Form](#)
- [Volunteer Personal Automobile Use Form \(RSK-F106E\)](#) - if applicable
- [Field Trip Vehicle Roster \(RSK – F106G\)](#)  
[Volunteer drivers must be fingerprinted](#) - Contact Human Resources
- [Release of Driver Record Information Form](#) – if applicable
- [Authorization for Administration of Medication Form](#)
- [Bus Request Form \(TRA-F006\)](#) - if applicable (No signature stamps allowed)
- [Transportation Agreement](#) – if applicable
- [Student Alternate Transportation Form \(RSK-F100B\)](#) - if applicable
- [Student Personal Automobile Use Form](#) - if applicable must be accompanied with RSK-F100B
- [Scheduling and Notification of Field Trip Form \(Food Request\) NSD-F028](#)
- [Travel Request Form \(ACC-F014\)](#) - if applicable

**Overnight Trip (Submit for approval 6 weeks prior to trip)**

- [Field Trip Request Form \(RSK-F106A\)](#)
- Principal Approval (No signature stamps allowed)
- Instructional Assistant Superintendent Approval
- Itinerary ([sample](#))
- Field Trip Roster (RSK-F106I) or Infinite Campus printout okay ([sample](#))
- [Student Field Trip Authorization Form \(RSK-F106C\)](#)
- [Agreement for Activity Participation Form](#)
- [Overnight Trip Accommodations Form \(RSK-F106H\)](#)
- [Overnight Sleeping Arrangements Form \(RSK-F106D\)](#)
- [Volunteer Personal Automobile Use Form \(RSK-F106E\)](#) - if applicable
- [Field Trip Vehicle Roster \(RSK-F106G\)](#)  
[Volunteer drivers must be fingerprinted](#) - Contact Human Resources
- [Release of Driver Record Information](#) – if applicable
- [Authorization for Administration of Medication Form](#)
- [Bus Request Form \(TRA-F006\)](#) - if applicable (No signature stamps allowed)
- [Transportation Agreement](#) – if applicable
- [Student Alternate Transportation Form \(RSK-F100B\)](#) - if applicable
- [Student Personal Automobile Use Form](#) - if applicable must be accompanied with RSK-F100B
- [Scheduling and Notification of Field Trip Form \(Food Request\) NSD-F028](#)
- [Travel Request Form \(ACC-F014\)](#) - if applicable

**Field Trip Involving Swimming or Wading - please add additional forms to appropriate trip: (Submit for approval 6 weeks prior to trip)**

- Instructional Assistant Superintendent Approval
- Lifeguard Certificate from private pool facility (i.e. clubhouses, swim clubs) and specific chaperone ratios are required per Board Policy AR 6153(d)
- Certificate of Insurance for all private pools (including clubhouses, swim clubs) are required per Board Policy AR 6153(c)

**Field Trip Involving Unusual Activities - please add additional forms to appropriate trip:(High risk activities such as rafting, snorkeling, rock climbing, skiing, etc.) Submit for approval 6 weeks prior to trip**

- Instructional Assistant Superintendent Approval
- Risk Management Approval
- Itinerary ([sample](#))
- [Agreement for Activity Participation Form](#)
- [Special Event Liability Insurance Application may be required \(RSK-F105B\)](#)

**Out of State/Country – BOARD APPROVAL REQUIRED (Submit for approval 6 weeks prior to trip - Trips not submitted to Instructional Assistant Superintendent 6 weeks prior to trip can be considered automatically rejected by the Board of Education.)**

- [Field Trip Request Form \(RSK–F106A\)](#) - (Must be typed in order to present to the Board)
- Principal Approval (No signature stamps allowed)
- Instructional Assistant Superintendent Approval
- Risk Management Approval
- Chief Business Officer Approval
- Board Approval
- [Out-of-State/Country Request Form \(RSK–F106B\)](#)
- Itinerary ([sample](#))
- Field Trip Roster (RSK–F106I) or Infinite Campus printout okay ([sample](#))
- [Student Field Trip \(Outside California\) Authorization \(RSK-F106J\)](#)
- [Student Field Trip Authorization Form \(RSK-F106C\)](#)
- [Agreement for Activity Participation Form](#)
- [Adult Field Trip Authorization Out of State Form](#)
- [Overnight Trip Accommodations Form \(RSK–F106H\)](#)
- [Overnight Sleeping Arrangements Form \(RSK-F106D\)](#)
- [Volunteer Personal Automobile Use Form \(RSK–F106E\)](#) - if applicable  
[Volunteer drivers must be fingerprinted](#) - Contact Human Resources
- [Field Trip Vehicle Roster \(RSK–F106G\)](#)
- [Release of Driver Record Information](#) – if applicable
- [Authorization for Administration of Medication Form](#)
- [Scheduling and Notification of Field Trip Form \(Food Request\) NSD-F028](#)
- [Travel Request Form \(ACC-F014\)](#) - if applicable
- [Bus Request Form \(TRA–F006\)](#) - if applicable (No signature stamps allowed)
- [Transportation Agreement](#) – if applicable
- [Student Alternate Transportation Form \(RSK–F100B\)](#) - if applicable
- [Student Personal Automobile Use Form](#) - if applicable must be accompanied with RSK-F100B

## GUIDELINES

### **Principal/Designee:**

Board Policy AR 6153 – Before trips of more than one day, the principal or designee shall hold a meeting for staff, parents/guardians and students to discuss safety and the importance of safety-related rules for the trip. For non-certificated adults who will assist in supervising student on the trip, the principal or designee may also hold a meeting to explain how to keep appropriate groups together and what to do if an emergency occurs.

### **Student Ratio:**

The ratio of adult chaperones to students shall be at least (1) one to (10) ten secondary. In grades 4-6, this ratio shall be (1) one to (8) eight. In grades K-3, this ratio shall be (1) one to (4) four.

### **Activity Supervisor Clearance Certificate (ASCC):**

California Education Code 35330(d) – Provide supervision of pupils involved in field trips or excursions by certificated employees of the district. This certificate is mandatory effective July 1, 2010. You must acquire this certificate if you are non-certificated (paid or non-paid) supervising, directing, or coaching a pupil activity program. Applicants can go to [www.ctc.ca.gov](http://www.ctc.ca.gov) and submit an online application. There is a fee not paid for by district.

### **Trips involving water or water activities including swimming or wading:**

All certificated employees and adults associated with the trip are to be familiar with District policies/regulations including Board Policy AR 6153:

*Swimming facilities, including backyard pools, must be inspected by the principal and teacher before the trip is scheduled. Owners of private pools must provide a certificate of insurance, designating the district as an additional insured, for not less than \$1,000,000 in liability coverage.*

*Lifeguards must be designated for all swimming activities. If lifeguards are not provided by the pool owner or operator, the principal shall ensure their presence. Lifeguards must be Red Cross certified or equivalent and must be at least 21 years old.*

*The ratio of adult chaperones to students shall be at least (1) one to (10) ten secondary. In grades 4-6, this ratio shall be (1) one to (8) eight. In grades K-3, this ratio shall be (1) one to (4) four. Specific supervisory responsibilities shall be determined in advance to accommodate the varying swimming abilities of students. These responsibilities shall be clarified in writing and reviewed verbally before the trip.*

*Emergency procedures shall be included with written instructions to adult chaperones and staff.*

*Staff and chaperones assigned to supervise students must wear swim suits and know how to swim. The principal may require students to wear flotation devices, depending upon their age and swimming ability. A buddy-system or other means of surveillance shall be arranged in advance and strictly enforced during swimming activities.*

**Unusual Activities, certain water or high-risk activities:** (examples: rafting, snorkeling, rock climbing, skiing, etc.) may not be approved or a special parent waiver may be required. Prior to signing a contract or waiver with a vendor, and submitting a [“Special Event Liability Insurance Application”](#) provide information to Risk Management for review and approval.

### **Vehicle Safety Program - [Employee Pull Notice](#):**

The Sacramento City Unified School District has established a driver’s safety program known as “EPN” (Employee Pull Notice) for all employees that drive district vehicles, as well as volunteers and/or staff driving district students. This program allows the District to monitor driver license records of employees who are required to drive on behalf of the District. This program is designed to ensure safety of staff, students, and the community. If you have questions or concerns regarding this

request, please feel free to contact the office of Risk & Disability Management at (916) 643-9421.

*Please be aware of timelines and plan for the necessary preparation time prior to submitting. The [Release of Driver Record form](#) must be submitted six (6) weeks in advance when approval is required. Make sure to submit a clear copy of the driver license with the [Release of Driver Record Information Form](#). The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges.*

When transporting students, stay with the group, do not make unauthorized stops unless there is an emergency, do not skip-planned stops, make sure the vehicle has a first aid kit readily accessible and make sure that all students have the appropriate safety restraints.

**Bus Transportation:** Only buses licensed to carry school children can be used. Check with Transportation Services for availability or a list of approved bus companies for rental information.

**Van Transportation:** Vehicles designed to hold more than ten people, including the driver, are not allowed regardless of the number of people riding. There will be no secondary liability coverage by the district or their insurers for any such vehicles. The district will not pay for nor be responsible for any collision or comprehensive damage to the vehicle. (A 10-14 passenger van with seats removed **does not** qualify to carry students – See annual bulletin on vehicle restrictions). Drivers and/or vendors are required to show proof of auto and liability insurance.

**Limousines** are discouraged; if used, they must comply with van transportation requirements and have seatbelts.

**Private Vehicle Transportation:** Secure the [“Volunteer Personal Automobile Use Form”](#) for each vehicle. Provide completed copy of the [“Release of Driver Record Information Form”](#) for each driver using private vehicle or driving a rental vehicle. All drivers are required to provide a declaration page with proof of auto and liability insurance

**Student Personal Automobile Use Form:**

This is the first form that must be completed before a student can drive himself/herself to a district sponsored curricular or extracurricular activity.

**Student Alternate Transportation Form:**

This is the second form to be completed when a student is allowed to drive himself/herself to a district sponsored curricular or extra-curricular activity. This form must be signed by the supervising coach/teacher, and serves the separate purpose of gaining their approval for the student to transport himself/herself to the event.

**Out-of-State or Out-of-Country Trips:** To be forwarded to Instructional Assistant Superintendent (**Six Weeks prior to trip**) along with the [Field Trip Request form](#): (1) Completed [Out-of-State/Out-of-Country Form](#) (2) Pertinent information required for completion of the agenda item: education nature of trip, itinerary, accommodation information including facility name, address, phone number, etc. and funding source for cost of trip and transportation.

### **Administering Medication - Students with Medical Conditions:**

Ascertain if any students attending field trip have medical conditions that require medication administration. For field trips taking place during regular school hours, you may bring the child's medication, [Authorization to Administer Medications](#) at School, any Emergency Care Plan and ensure that a staff member attending field trip has been trained on the Administration of Medications in the School. For field trips requiring travel times outside of the regular school day OR for any overnight field trip, send home with Student Permission Slips the Field Trip Medication Authorization form to be signed by parent and Health Care Provider. Medications must be in original labelled containers. Discuss with Health Services whether hired nursing support would be required (such as with Type 1 Diabetics, Severe Seizure Disorders). Again, any staff member attending field trip that will administer medications must be trained in advance. If no student requires medication mark the box indicating none on the Medication Authorization.

### **Travel Request Form (if applicable):**

For the purposes of staff traveling for extracurricular events, travel request form is required for staff reimbursements only.

### **Chaperone Requirements (Role):**

Board Policy AR 6153 - Chaperones shall be 21 years of age or older. All school rules apply on school sponsored field trips. Chaperones are expected to comply with school policies, follow the directions given by the field trip coordinator/teacher, work cooperatively with other volunteers and school staff members, and model appropriate behaviors for students. Chaperones shall be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities. The chaperone will follow the trip plan developed by the field trip coordinator/teacher. Students must be supervised at all times while at a school sponsored event. Students must stay with their chaperone, at all times. Go over use of the buddy system with students. Account for all participants regularly and before changing activities. Be sure to know when and where to meet the rest of the group at the end of the visit. Chaperones must be readily available, be mindful of safety concerns, and respond to students' needs. Do not use cell phone for non-emergency or non-trip related purposes. It is not acceptable for outside work or reading to be completed while supervising students. While chaperones are responsible for student behavior, it is the responsibility of the teacher to discipline a student.

Chaperones **may not** do the following:

- **may not** use or possess alcohol or other drugs
- **may not** use tobacco in the presence of, or within the sight of, students
- **may not** administer any medications, prescription or nonprescription, to students unless authorized by appropriate district administration to do so.

**For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student.**

Chaperones should also:

- Know what to do in an emergency (medical emergency, natural emergency, lost child, serious breach of rule, etc.).
- Know the first aid contact (must be certified & trained in first aid)
- Have access and available to the first aid kit
- Have access and available a cell phone and/or other means of reliable communication

Sacramento City Unified School District  
**FIELD TRIP REQUEST FORM**  
 (USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form is required for each student. See below reference distribution section for details concerning each type of trip.

School Name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Room # \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Field Trip Destination \_\_\_\_\_

- Walking     Local-50 mile radius     Out-of-Town (Beyond 50 mile radius)     Overnight     Out-of-State/Country  
 Involving Swimming or Wading     Unusual Activities

Route (must provide written directions our map) \_\_\_\_\_

Educational nature of field trip/excursion \_\_\_\_\_

Depart Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am/pm      Return Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am/pm

- TRANSPORTATION** will be provided by:  Walking  School Bus - contact Transportation Field Trip Office  Train  
 Charter Bus Company (District Approved):  Yes  No (Check with Field Trip Office)  Public Transportation  
 Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver.  
 Commercial Airline  Other: \_\_\_\_\_

Number of students participating: \_\_\_\_\_ Funding Source \_\_\_\_\_ Financial Assistance Available?  Yes  No

Adult Chaperones: \_\_\_\_\_ (All clearances must be met prior to Field Trip Approval)

(Use a separate sheet if necessary)

	DRIVER					
1) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
2) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
3) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
4) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
5) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
6) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
7) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB
8) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB

Teachers and Staff Attending (Use a separate sheet if necessary)

DRIVER		DRIVER	
1) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	2) _____	<input type="checkbox"/> yes <input type="checkbox"/> no
3) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no
5) _____	<input type="checkbox"/> yes <input type="checkbox"/> no	6) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

Segment IAS/Department Head Approval \_\_\_\_\_ Date \_\_\_\_\_

Risk Management Approval (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**Distribution:** Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip. All field trips require a completed packet. Maintain all documents at site:

- Local Trip:** (walking): Submit walking trips to Principal for approval two weeks prior to trip.
- Local Trip** (school bus/charter bus/RT/Amtrak): (50-mile radius) - Submit to Principal for approval two weeks prior to trip.
- Local Trip:** (50-mile radius: driver) – Submit driver led trips to Principal for approval 6 weeks prior to trip.
- Out-of-Town:** (beyond 50-mile radius) – Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Overnight Trip:** Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip.
- Trip Involving Unusual Activities (Water sports or high-risk activities such as rafting, snorkeling, rock climbing, skiing, etc.)** - Submit to Principal for approval then forward to Segment IAS/Department Head/Risk Management for approval 6 weeks prior to trip. This may require **Special Event Liability Insurance**.
- Out-of-State/Country:** Submit to Principal for approval then forward to Segment IAS/Department Head for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment IAS office will place field trip item on Board Agenda for final approval.
- Approved forms will be returned by Segment IAS/Department Head's Office. Maintain a copy of all forms at site for 2 years.**
- Venue/Destination: Must comply with SCUSD COVID19 mitigation guidelines for all trips outside of district facilities.**

Reviewed by Site Office Manager: \_\_\_\_\_  
 (Initials)



Adult Chaperones:  
(Continued adult chaperone drivers)

(All clearances must be met prior to Field Trip Approval)

	DRIVER						
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	

	DRIVER						
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	

Adult Chaperones:

	DRIVER						
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	

Adult Chaperones:

	DRIVER						
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	

Adult Chaperones:

	DRIVER						
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Driver	<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Mandated Reporter Training	<input type="checkbox"/> TB	

Sacramento City Unified School District  
**OUT-OF-STATE OR OUT-OF-COUNTRY  
TRAVEL REQUEST**

School Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Teacher's Name \_\_\_\_\_ Room # \_\_\_\_\_ Telephone # \_\_\_\_\_

Field Trip Destination \_\_\_\_\_

Reason for travel \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of contract or waiver to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed \_\_\_\_\_  
Teacher

**Approvals:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Risk Management Dept. Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Segment Administrator Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Superintendent Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Board Approval Date

## Field Trip Itinerary

**School:** ABC Elementary  
**Dates of Trip:** 7/1/17 – 7/2/17  
**Trip Destination:** School Camp Ground  
**Teacher:** Jane Smith

### July 1

8:00 Arrive at school with all camping items in a plastic garbage bag  
8:30 Depart school  
10:00 Approximate arrival and snack  
10:30 Introduction and Tour  
12:30 Lunch  
2:30 Work Project  
4:30 Dinner  
5:30 Activity  
5:30 Dinner Prep and Clean-up  
7:00 Campfire  
8:00 Get Ready for Bed  
8:30 Lights Out

### July 2

7:30 Chores (before breakfast)  
8:30 Breakfast  
9:30 Activity  
11:30 Lunch  
12:30 Depart for home  
2:15 Gather in classroom before dismissal





# STUDENT FIELD TRIP AUTHORIZATION AND RELEASE

**No student will be permitted on the field trip unless this completed and signed Authorization and Release Agreement is submitted to the supervising teacher, sponsor, or school office at least six (6) weeks prior to the field trip. Verbal authorizations, or authorizations not on this form, cannot be accepted.**

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact & Telephone No.:	
Field Trip Destination:	
Date of Trip:	
Expected Departure Time:	
Expected Return Time:	
Method of Transportation:	
Supervising Teacher/Sponsor:	
Medical Conditions/Medications:	

Please read this Agreement carefully and sign below. Completion of this Agreement is a prerequisite to participation in the activity described above (hereinafter referred to as "field trip").

By signing below, I acknowledge and agree as follows:

I understand and acknowledge that the student named above has voluntarily chosen to participate in the field trip at his/her own risk. I know and fully understand that the field trip may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the field trip involves physical contact, any field trip related activity may have inherent risks of injury which are inseparable from the activity. I authorize the student's participation and acknowledge and willingly assume all risks and hazards of potential injury, paralysis, and death arising from the field trip.

I, understand and acknowledge that field trips contain potential risks of harm or injury. Injuries may arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by school employees, agents, or volunteers to adequately coach, train, instruct, or supervise. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries. All such risks are deemed to be inherent to the student's participation in the field trip.

- I acknowledge that under California law the student will have no claims against the district, charter school or state arising from the field trip pursuant to Education Code § 35330, which states in subd. (d): **"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip 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 waiving all claims."**

In consideration for the district or charter school allowing the above-named student to participate in the field trip, I voluntarily agree to release, waive, discharge, and hold harmless the district or charter school, its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the above-named student illness, injury, death, or damages of any nature in any way connected with the student's participation in the field trip.

Emergency medical information regarding the student is on file with the district or charter school and is current. If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances,

notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. I agree to release and discharge the district (or charter school), its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

The supervising teacher or sponsor will discuss school-related activity rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

I am the parent or guardian of the student named above, or am the student named above and am 18 years of age or older. I acknowledge that I have read this authorization and release and understand that participation in the field trip requires giving up substantial actual or potential rights. I have voluntarily signed this authorization and release without inducement or assurance beyond what is stated herein, and with full appreciation of the risks inherent in the field trip.

<b>Parent/Guardian Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Date Received by School:</b>	<b>Received by:</b>	

**Supervising Teacher/Sponsor shall take a copy of this form on the Field Trip/The original Form will remain on File with the Main Office for a period of no less than two (2) years after the date of the Field Trip**



# STUDENT FIELD TRIP (OUTSIDE CALIFORNIA) AUTHORIZATION

**No student will be permitted on the field trip unless this completed and signed authorization is submitted to the supervising teacher or school main office at least 6 weeks prior to field trip. Verbal authorizations, late authorizations, or authorizations not on this form, cannot be accepted.**

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact & Telephone No.:	
Field Trip Destination:	
Dates of Trip:	
Supervising Teacher:	
Medical Conditions/Medications:	

By signing below, I, the authorized parent or guardian of the student planning to participate in the subject field trip acknowledges and agrees as follows:

1. Participation in this field trip, which will take place partially or exclusively outside of California, is voluntary and is a privilege. I request that the student be allowed to participate in the field trip, under the supervision of the supervising teacher/sponsor and adult chaperones. Transportation, lodging and field trip activities will be explained before the field trip begins with all such arrangements and activities deemed acceptable to me and the student.
2. The field trip may be cancelled at any time, for any good faith reason, before the field trip is scheduled to commence. The field trip may also be interrupted or terminated once it has begun due to unplanned or unforeseen circumstances. There is no recourse or right of action against the District, its directors, officers, teachers, chaperones or agents as a result of such cancellation, interruption or early termination, with such issues determined in the sole and exclusive discretion of the District, or, once the field trip has begun, the supervising teacher or the District.
3. By law, the District may in no manner financially contribute to the costs of the student's participation in the field trip. The student will need to ensure adequate financing for all expenses associated with the field trip including, but in no manner limited to, transportation, lodging, meals, entry fees, and incidental expenses. While fund raising activities may be authorized by the District, to assist participating students in raising amounts necessary to meet the costs of the field trip, the District does not warrant or represent that it will authorize such activities, or that such activities will result in the collection of sufficient funds to meet the student's field trip costs and expenses.
4. Required deposits, advance payments for travel, lodging, or other field trip activities or pre-paid expenses are nonrefundable unless there has been a prior, express written statement by the District (not the supervising teacher or chaperone) stating a contrary policy for this field trip. In cases where the student has timely provided notice of the student's withdrawal from a planned field trip, and advanced expenses (other than nonrefundable deposits) can be recovered without loss or hardship to other field trip participants, such amounts shall be returned to the student.
5. Such transportation may include (depending on the particular field trip and circumstances) commercial airplanes, busses, subways, taxis, trains, boats, ferries, vans, or other vehicles which do not meet federal, state, local, or District's safety standards or requirements, and over which the District has no direct right of control. No warranty or guaranty of safety or suitability exists regarding such transportation.
6. The student is required to obey all rules and safety requirements of the field trip, all District and school Codes of Conduct, all laws of the State of California (even though the field trip will take place outside of this state), and all laws of any other state or country in which the field trip will take place. The student will always conduct himself/herself with the utmost respect for all persons, entities, and their property. The student has the duty to take all reasonable and appropriate steps to protect himself/herself from actual or potential harm, and shall take no action threatening his/her safety or the safety of others.

SUPERVISING TEACHER WILL TAKE ORIGINAL DOCUMENT ON FIELD TRIP/COPY WILL REMAIN IN SCHOOL OR DISTRICT OFFICE FOR A

PERIOD OF NO LESS THAN TWO (2) YEARS AFTER THE DATE OF THE FIELD TRIP NON-CALIFORNIA FIELD TRIP AUTHORIZATION

The Student must immediately advise the supervising teacher, or an adult chaperone, of any fact, circumstance or situation that may present a potential risk of harm or injury to the student or any other participant on the field trip.

7. Because the laws of California and applicable Codes of Conduct will still govern the student's actions, the student shall not engage in any activity even if the laws of another state or country would otherwise allow the student to engage in such activities. This would include, but in no manner be limited to, alcohol consumption or smoking.
8. I understand and agree that failure of the student to follow these field trip rules and safety requirements may result in the student being sent home from the field trip at an earlier than expected date. I will be responsible to ensure that the student is timely picked up at the point of arrival (nearest airport, train station, bus terminal) at my expense, with the District determining the most expeditious and appropriate method of returning the student home in such circumstances. In addition to being returned home early, the student may also be barred from future field trips and face other disciplinary measures.
9. This field trip is being conducted pursuant to California Education Code Section 35330, which states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." By executing this field trip authorization, I understand and agree that neither I, nor the student or any other person (parent, guardian, trustee, heir, executor, administrator, assignee), can hold the District, its officers, agents, employees, volunteers or chaperones liable for any actual or potential claim arising out of, or which is legally or factually in some manner connected with, the student's participation in this field trip. This release of potential claims and waiver of rights is governed under California law, which shall be solely applicable to the interpretation and application of this field trip authorization. Adult participants must also sign a statement waiving such claims.
10. Emergency medical information regarding the student is on file with the District and is current (provide updated information before the trip, if necessary). If an injury or medical emergency occurs during the field trip, a supervising teacher or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider, and to administer or authorize such other and further medical care, attention, medication (whether prescription or over-the-counter) as may be medically authorized or prudent under the circumstances. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any reasonable or appropriate health care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery and the use of medications), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Date Received by School:**

**Received by:**

SUPERVISING TEACHER WILL TAKE ORIGINAL DOCUMENT ON FIELD TRIP/COPY WILL REMAIN IN SCHOOL OR DISTRICT OFFICE FOR A PERIOD OF NO LESS THAN TWO (2) YEARS AFTER THE DATE OF THE FIELD TRIP

NON-CALIFORNIA FIELD TRIP AUTHORIZATION





## **AGREEMENT FOR ACTIVITY PARTICIPATION**

**(INCLUDING WAIVERS AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)**

**All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Activity defined below**  
**A separate Agreement is required for each Activity in which the Student may participate.**

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Activity/Club/Class/Program:	

In Consideration for the Student's ability to participate in a Student Activity, Student Club, and/or a Special Class or Program (including after-school programs or classes involving special risks of harm or injury) listed above (the "Activity"), including any try out or process used to select members to join or participate in the listed Activity, or attendance or participation in any Activity meeting, class, competition, show, event, or presentation, including travel to and from any meeting, class, competition, show, event, or presentation ("Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and Adult understand the nature of the Activity, and its associated Activities, and the Student voluntarily wishes to participate in the Activities. The Adult consents to the Students involvement in the Activities.

3. The Student shall comply with the instruction and directions of Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Activity and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Activities and a prohibition against any future involvement in Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during Activities, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Participation in Activities might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in Activities, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Activities. All such risks are deemed to be inherent to the Student's participation in Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able to assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330..

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Activities might present a risk of Injury, the Student will immediately discontinue further participation in Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Activities. If an injury or medical emergency occurs during Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

8. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Activities.

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

---

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

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

---

**Printed Name of Student      Signature      Date**



## **ADULT FIELD TRIP (OUTSIDE CALIFORNIA) AUTHORIZATION**

Adult Name:	Address:
School:	DOB:
Home Telephone:	
Emergency Contact & Telephone No.:	
Field Trip Destination:	
Dates of Trip:	
Supervising Teacher:	
Medical Conditions/Medications:	

By signing below, the authorized Adult planning to participate in the subject Field Trip acknowledges and agrees as follows:

1. Participation in this Field Trip, which will take place partially or exclusively outside of California, is voluntary and is a privilege. Transportation, lodging and Field Trip activities will be explained before the Field Trip begins, with all such arrangements and activities deemed acceptable to me and the Adult.
2. The Field Trip may be cancelled at any time, for any good faith reason, before the Field Trip commences. The Field Trip may also be interrupted or terminated once it has begun due to unplanned or unforeseen circumstances. There is no recourse or right of action against the District, its Directors, Officers, teachers, chaperones or agents as a result of such cancellation, interruption or early termination, with such issues determined in the sole and exclusive discretion of the District, or, once the Field Trip has begun, the Supervising Teacher or the District.
3. Required deposits, advance payments for travel, lodging, or other Field Trip activities or pre-paid expenses are nonrefundable unless there has been a prior, express written statement by the District (not the Supervising Teacher or chaperone) stating a contrary policy for this Field Trip. In cases where the Adult has timely provided notice of the Adult's withdrawal from a planned Field Trip, and advanced expenses (other than nonrefundable deposits) can be recovered without loss or hardship to other Field Trip participants, such amounts shall be returned to the Adult.
4. Transportation will not be provided by District owned or operated vehicles. Such transportation may include (depending on the particular Field Trip and circumstances) commercial airplanes, busses, subways, taxis, trains, boats, ferries, vans, or other vehicles which do not meet federal, state, local, or District's safety standards or requirements, and over which the District has no direct right of control. No warranty or guaranty of safety or suitability exists regarding such transportation.
5. This Field Trip is being conducted pursuant to California Education Code Section 35330, which states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." By executing this Field Trip Authorization, I understand and agree that neither I, nor any other person (parent, guardian, trustee, heir, executor, administrator, assignee), can hold the District, its officers, agents, employees, volunteers or chaperones liable for any actual or potential claim arising out of, or which is legally or factually in some manner connected with, the Adult's participation in this Field Trip. This release of potential claims and waiver of rights is governed under California law, which shall be solely applicable to the interpretation and application of this Field Trip Authorization.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Date Received by School:</b>	<b>Received by:</b>	

SUPERVISING TEACHER WILL TAKE ORIGINAL DOCUMENT ON FIELD TRIP/COPY WILL REMAIN IN SCHOOL OR DISTRICT OFFICE FOR A PERIOD OF NO LESS THAN ONE (1) YEAR AFTER THE DATE OF THE FIELD TRIP

Sacramento City Unified School District  
**OVERNIGHT TRIPS**  
**ACCOMMODATION INFORMATION**

**NO PRIVATE HOMES, AIR BNB, HOSTELS**

**Facility Name** \_\_\_\_\_ **Date Reserved** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **zip** \_\_\_\_\_

**Reservations Contact Person:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Total Rooms Reserved:** \_\_\_\_\_

**Room #s:** \_\_\_\_\_

**Reservation Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed** \_\_\_\_\_

Teacher

**Approvals:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Segment Administrator Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Risk Management Approval Date

# Sacramento City Unified School District OVERNIGHT SLEEPING ARRANGEMENTS

**NO PRIVATE HOMES, AIR BNB, HOSTELS**

School Site:		Teacher:
--------------	--	----------

Date: ____ / ____ / ____		Destination:
--------------------------	--	--------------

Chaperone Responsible:	Chaperone Responsible:	Chaperone Responsible:
Room / Cabin #:	Room / Cabin #:	Room / Cabin #:
Students:	Students:	Students:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

Chaperone Responsible:	Chaperone Responsible:	Chaperone Responsible:
Room / Cabin #:	Room / Cabin #:	Room / Cabin #:
Students:	Students:	Students:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

**\*Mandatory: FEMALE chaperones for girls and MALE chaperones for boys. This roster page must indicate FEMALE and MALE assignment. Chaperones are not allowed to sleep in the same room as students. Camping tents: layout map required.**



# VOLUNTEER PERSONAL AUTOMOBILE USE FORM

**[One Form Required for Each Driver to be Approved]**

Thank you for volunteering your time and your automobile to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least 6 weeks before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

## **REQUIRED INFORMATION**

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Insurance Policy # and Expiration Date:	
Liability Coverage Limits:	(Minimum Required: \$100,000/300,000 liability and \$50,000 property damage)

**We also require a photocopy of (a) your driver's license, and (b) your Insurance Policy Declarations Page.** Should your driver's license or insurance policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your driver record history and status of your driver's license, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please be advised** that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any accident resulting in bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

## **VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS**

For the safety of our Students, by signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport students in a vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport students unless I have a working seatbelt for each student. Seatbelts are to be used at all times by myself and all transported students. The vehicle(s) may be inspected by a District representatives.
3. I am over the age of 21 and will be the sole driver of the vehicle for any given activity, event or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Date Received by District:**

**Received by:**



**OFFICE OF RISK MANAGEMENT/EMPLOYEE BENEFITS**

5735 47<sup>th</sup> Avenue - Sacramento, CA 95824

Risk Management Main: (916) 643-9421

Employee Benefits Main: (916) 643-9432

Fax: (916) 399-2071

Keyshun Marshall, *Director II*

This form is required and must be completed and returned to Risk Management, along with a clear copy of your Driver's License. The clearance process will take place with the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.

**RELEASE OF DRIVER RECORD INFORMATION**

I \_\_\_\_\_ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

Organization: Sacramento City Unified School District

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (as it appears on driver license): \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State \_\_\_\_\_ Circle Gender: M or F

Birth Date (Month/Day/Year): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Department/Site: \_\_\_\_\_

Volunteer:  Staff/Substitute/PerDeim:

Please be aware of timelines and plan for the necessary preparation time prior to submitting this form.

\*This form must be submitted two (2) weeks in advance for local trips, (6) weeks in advance for all other trips. The sole purpose of the information is to verify driver license validity. Not all other information is relevant to driving privileges. This form is confidential and may be privileged. The information intended solely for Sacramento City Unified School District Risk Management use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized. If you have received this form in error, please forward immediately to the Office of Risk Management and destroy all copies without reading or disclosing the contents.

**Office of Risk Management Use Only**

Processing Date: \_\_\_\_\_ Clearance Date: \_\_\_\_\_

Additional Notes/Comments: \_\_\_\_\_

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
**Health Services Office**

**CHECK BOX IF NONE:**

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

**PLEASE NOTE:** this form must be completed each school year or more frequently, if necessary.

**I. Basic Legal Provision** - California Education Code, Section 49423

*Notwithstanding the provision of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the name of the medication, method of administration, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.*

Designated school personnel may administer medication to pupils upon written request of the pupil's parent/guardian and physician **only** when the medication is in the original container.

**II. Physician Instructions**

Student \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**TO PHYSICIAN: Please note:** Whenever possible, please prescribe medication that can be given outside of the school day. If medication must be administered during school hours, please complete the information below:

MEDICATION(S)	DOSAGE	ROUTE OF ADMINISTRATION	APPROXIMATE TIME OF DAY

Diagnosis or indication for medication \_\_\_\_\_

Length of time to be taken \_\_\_\_\_

Precautions or additional instructions \_\_\_\_\_

- a. For emergency medication, is the student capable of self-administering the necessary treatment/medication?     Yes     No
- b. Will the student need to carry this medication on his/her person?     Yes     No
- c. Will the student need to self-administer this medication?     Yes     No

Please note obvious side effects to this particular medication \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Address \_\_\_\_\_

Print/Type Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_



**III. Parent Request**

Please check one of these boxes.

D I/We the undersigned, who am/are the parent(s) of \_\_\_\_\_ request that medicine be administered to said child by a designated member of the school staff, in accordance with the instructions outlined here and signed by our physician. The medication is to be given at \_\_\_\_\_ (time) with the following special instructions: \_\_\_\_\_  
\_\_\_\_\_

D As indicated here in our physician's statement, our child, \_\_\_\_\_, will self-administer his/her own medication when required and we are not requesting school personnel to assist in the administration of our child's medication. Our child will need to self-administer his/her medication at school because he/she suffers from \_\_\_\_\_ (state nature of illness). Our child will need to take his/her medication \_\_\_\_\_ (number of times per day) with the following special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We hereby release, discharge and hold harmless Sacramento City Unified School District and its officers, agents and employees for any and all claims of civil liability arising out of an act or omission that causes our child to suffer an adverse reaction as a result of his/her self-administering medication.

We understand that the major responsibility for a child taking medication rests with the child and his/her parents, and that we are required to personally bring the medication to school for students kindergarten through 8th grade. We understand that students in grades 9 through 12 may bring their own medication to the school office.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sacramento City Unified School District  
FIELD TRIP VEHICLES**

School Site:	Teacher:
--------------	----------

Date:	Destination:
-------	--------------

Vehicle License Plate #:	Vehicle License Plate #:	Vehicle License Plate #:
Driver:	Driver:	Driver:
Driver Cell #:	Driver Cell #	Driver Cell #
# of Passengers:	# of Passengers:	# of Passengers:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

Vehicle License Plate #:	Vehicle License Plate #:	Vehicle License Plate #:
Driver:	Driver:	Driver:
Driver Cell #:	Driver Cell #:	Driver Cell #:
# of Passengers:	# of Passengers:	# of Passengers:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

**All Occupants Must Wear a Seat Belt**

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
TRANSPORTATION BUS REQUEST (form 203)  
FOR CLASSROOM FIELD TRIP (TRA-F006)**

**This form must be completed & turned into Jewel even if utilizing a charter bus.**

ALL Field Trips are booked on a first come first serve basis upon receipt by date in the Field Trip Office.

Please send completed form to Jewel Parker: jewel-parker@scusd.edu, 916-395-5720 x2 or 470014

**ALL FORMS MUST BE COMPLETELY FILLED OUT. INCOMPLETE FORMS WILL BE RETURNED.**

School Code # \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Teachers Name(s):** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **# of Students:** \_\_\_\_\_ **# of Adults:** \_\_\_\_\_ **# of Classes:** \_\_\_\_\_

**# of SPED Students:** \_\_\_\_\_ **# of Wheelchairs:** \_\_\_\_\_ circle: L.D. S.D. R.S.P. D/H.H other

**Budget Code:**  
(Mandatory) \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
Principal Name and Signature

**1<sup>st</sup> Choice** **Date Desired:** \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_ **Tour Time:** \_\_\_\_\_ **Destination Leave Time:** \_\_\_\_\_

**Destination Name and Address:** \_\_\_\_\_

**2<sup>nd</sup> Choice** **Date Desired:** \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_ **Tour Time:** \_\_\_\_\_ **Destination Leave Time:** \_\_\_\_\_

**Destination Name and Address:** \_\_\_\_\_

**FOR FIELD TRIP OFFICE USE ONLY**  
**TRIP CONFIRMATION**

Transportation Trip Sequence # \_\_\_\_\_ **Date Entered:** \_\_\_\_\_

**Charter Name and Trip # (if using)** \_\_\_\_\_

**Scheduled Date:** \_\_\_\_\_ **# of Busses:** \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_ **Tour Time:** \_\_\_\_\_ **Destination Leave Time:** \_\_\_\_\_

**IT IS MANDATORY THAT ALL SHADED AREAS MUST BE FILLED OUT.**



# STUDENT ALTERNATE TRANSPORTATION FORM

Students participating in District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences (“events”), are required to travel on school buses or by other District-designated methods of transportation,. Under special circumstances, with the District’s prior written approval, students may be transported to and from events (a) by a parent/guardian or other designated adult, or (2) by himself/herself. Under no circumstances may students be transported in a vehicle driven by another student or anyone under 21 years of age.

Before the District grants a request for alternate transportation, this Student Alternate Transportation Form must be submitted to the school office after it has been signed by the student, the student’s parent/legal guardian, and the District employee supervising the event. Before the Student Alternate Transportation Form will accepted and approved by the school office, the individual who will transport the student must also complete and file with the school office an acceptable (a) Personal Automobile Use Form (for parents/guardians/designated adults) or (b) Student Personal Automobile Use Form (if the student intends to drive himself/herself to events).

If the required forms are not submitted to and accepted by the school office 6 weeks before an event, the student must be transported to and from the event through normal District-sponsored methods. A student not complying with these provisions will not be allowed to attend or participate in the event.

Name of Student:	
Event(s): Each approved Event or series of Events must be listed:	
Date(s):	
Reason for Request:	
Name of Designated Driver(s): Student and/or Designated Adult(s)	

I/we agree that the designated drivers and vehicles to be used are not covered under the District’s automobile liability coverage. The student, his/her parent(s)/guardian(s), and/or the driver of the vehicle are solely responsible for damage or injury to others. I/we also agree that the student and anyone else in the vehicle assume their own risk of harm, injury or death arising from this choice for alternate transportation. The student, his/her parent(s)/legal guardian(s), and/or the vehicle driver further agree to hold the District and its officers, employees and volunteers free from any liability arising from this alternate transportation, agreeing also to defend and indemnify them against any resulting claim.

_____	_____	_____
<b>Printed Name of Student</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Printed Name of Parent/Guardian</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Printed Name of Supervising Employee</b>	<b>Signature</b>	<b>Date</b>

<b>Date Received by District:</b>	<b>Received/Approved by:</b>
-----------------------------------	------------------------------

THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF TWO (2) YEARS FROM THE DATE OF THE CURRENT SCHOOL YEAR



## STUDENT PERSONAL AUTOMOBILE USE FORM

Students participating in off-campus District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences (“Events”), are required to travel on school buses or by other District-designated methods of transportation. At the District’s sole discretion, after a separate Student Alternate Transportation Form has been properly executed, Students may transport themselves to and from designated activities. Before District authority is granted to the Student to drive to and from District-sponsored events, this Form and its required information must be completed and accepted by the School Office. The District’s permission for the Student to drive to and/or from District-sponsored activities may be revoked or limited at any time, for any reason.

### REQUIRED INFORMATION

Name of Student Driver:	
Calif. Driver’s License No. & Exp. Date:	
Any License Restrictions:	
Vehicle(s) to be Driven - Year/Make/Model:	
Vehicle(s) License Plate No(s).:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

**With this Form, you must also provide a photocopy of (a) the Student’s Driver’s license, and (b) the Insurance Policy Declarations Page showing that coverage exists for the Student and the vehicle to be driven.** Should the Student’s Driver’s License or the Insurance Policy expire during the school year, updated photocopies showing renewal are required before the Student will again be eligible to transport himself/herself to District-sponsored activities.

Neither the Student nor the Student’s vehicle is covered under the District’s automobile liability coverage. By signing this Form, you agree that the Student and his/her parent(s)/legal guardian(s) are solely responsible for any resulting damage or injury to others. You also agree that the Student and his/her parent(s)/legal guardian(s) assume the risk of harm, injury or death to the Student or others, and that by voluntarily allowing the Student to operate his/her own vehicle, the Student and his/her parent(s)/legal guardian(s) will hold the District and its officers and employees free from all liability.

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I/The Student will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I/the Student will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I/The Student will not operate an automobile that I/The Student believe, for any reason, is mechanically unsafe or that may become unsafe due to weather or other natural conditions. The automobile will have working seatbelts, which I/the Student will use at all times. The Vehicle(s) may be inspected by District representatives.

3. I/The Student will be the sole driver of the Vehicle. I will not let anyone else, ride in or occupy the Vehicle while traveling to or from any District-sponsored activity, or while I/the Student attend a District-sponsored activity.

By signing below, you are authorizing the District, at its discretion, to (a) obtain a copy of the Student's Driver Record History and confirm the status of the Student's Driver's License, (b) conduct a criminal background check, and/or (c) contact the listed insurance company to confirm the existence of insurance coverage for the Student and the vehicle.

\_\_\_\_\_  
**Printed Student Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Date Received by District:**

**Received by:**

**Sacramento City Unified School District  
Nutrition Services Department**

**Scheduling and Notification of Field Trips  
(Food Request)**

Please notify the Cafeteria Lead staff member at your school two weeks in advance of the date of your proposed field trip.

We need advance notice to order food and supplies we don't keep on hand, and to arrange for the staffing necessary to prepare the meals.

School Site: \_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_

Time leaving school: \_\_\_\_\_

Estimated time of return: \_\_\_\_\_

*Select the appropriate option from the following:*

Students will not participate in cafeteria lunch today.

Students will not return in time for their regular lunch. Please arrange an alternate meal time, if possible.

Students will eat lunch off-site. Number of meals needed: \_\_\_\_\_

Teacher making request: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**PLEASE SEND THIS FORM TO THE CAFETERIA LEAD STAFF MEMBER.**

*NOTE: Please use a class roster to check off each child as he/she receives a complete bag lunch. Please return the roster to the cafeteria Lead staff member as soon as possible after the field trip.*

# TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<b>Request to Attend:</b> <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	<b>Instructions:</b> This form must be completed and received in Accounts Payable at least <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.  REQ # _____
--	---	--

School/Department \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Location \_\_\_\_\_

Event Title (attach brochure) \_\_\_\_\_

Purpose\* \_\_\_\_\_

\*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan? \_\_\_\_\_

How will this activity/event be used and shared? \_\_\_\_\_

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N)* **	No. of Days Required	Budget Code <small>(for substitute)</small>
		No		
		No		
		No		
		No		
		No		

Additional Attendees Attached

**\*\*IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770**

<b>Approvals:</b>  Principal/Department Head Signature & Print Name _____ Date _____  Cabinet Level or Designee Signature _____ Date _____  Chief Business Officer Signature _____ Date _____  Superintendent or Designee Signature _____ Date _____	District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL</b> _____
--	---

Categorical      Budget Code(s): \_\_\_\_\_ \$ \_\_\_\_\_

General Fund/Unrestricted      \_\_\_\_\_ \$ \_\_\_\_\_

\*\*\*If any meals are included in the cost of registration, how many of each:    Breakfast \_\_\_\_\_    Lunch \_\_\_\_\_    Dinner \_\_\_\_\_

**Prepayment Requested:** All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

	Requisition #	Dollar Amount
Registration Fee	_____	_____
Hotel	_____	_____
Airfare ****	_____	_____
Car Rental ****	_____	_____