



Sacramento City Unified School District
FIELD TRIP INFORMATION

This information is provided in the form of a checklist to assist you in completing the necessary paperwork for field trips. Submit all packets with the necessary information to the segment administrator for review and approval. 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: 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)
- Segment Administrator approval
- Itinerary
- Field Trip Roster (RSK-F106I) or Infinite Campus printout okay
- Student Field Trip Authorization Form (RSK-F106C)
- Agreement for Activity Participation Form
- Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
- Field Trip Passenger Vehicle List (RSK-F106G)
 - Volunteer drivers must be fingerprinted (Form BC -1) 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)
- 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

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)
- Segment Administrator Approval
- Itinerary
- Field Trip Roster (RSK -F106I) or Infinite Campus printout okay
- Student Field Trip Authorization Form (RSK-F106C)
- Agreement for Activity Participation Form
- Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
- Field Trip Passenger Vehicle list (RSK - F106G)
 - Volunteer drivers must be fingerprinted (Form BC-1) 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)
- 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

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

- Field Trip Request Form (RSK-F106A)
- Principal Approval (No signature stamps allowed)
- Segment Administrator Approval
- Itinerary
- Field Trip Roster (RSK-F106I) or Infinite Campus printout okay.
- Student Field Trip Authorization Form (RSK-F106C)
- Agreement for Activity Participation Form
- Overnight Trips Hotel Accommodations Form (RSK-F106H)
- Overnight Sleeping Arrangements Form (RSK-F106D)
- Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
- Field Trip Passenger Vehicle list (RSK-F106G)
Volunteer drivers must be fingerprinted (Form BC-) 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)
- 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

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

- Segment Administrator 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

- Segment Administrator Approval
- Risk Management Approval
- Itinerary
- 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 Segment Administrator 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)
- Segment Administrator Approval
- Risk Management Approval
- Chief Business Officer Approval
- Board Approval
- Out-of-State/Country Request Form (RSK-F106B)
- Itinerary

- Field Trip Roster (RSK-F106I) or Infinite Campus printout okay.
- Student Field Trip (Outside California) Authorization (RSK-F106J)
- Agreement for Activity Participation Form
- Adult Field Trip Authorization Form
- Overnight Trips Hotel Accommodations Form (RSK-F106H)
- Overnight Sleeping Arrangements Form (RSK-F106D)
- Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
Volunteer drivers must be fingerprinted (Form BC -1) Contact Human Resources
- Release of Driver Record Information – if applicable
- Authorization for Administration of Medication Form
- Field Trip Passenger Vehicle list (RSK-F106G)
- Scheduling and Notification of Field Trip Form (Food Request) NSD-F028
- Travel Request Form (ACC-F014)
- Bus Request Form (TRA-F006) - if applicable (No signature stamps allowed)
- 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 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 \$500,000 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 also 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 this form. This 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)

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.

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 Segment Administrator (**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.

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. Be sure you know what to do in an emergency (medical emergency, natural emergency, lost child, serious breach of rule, etc.) Know who is first aid trained, where your cell phone is and/or nearby means of 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 field trip. See below reference distribution section for details concerning each type of trip.

School Name _____ Date _____/_____/_____

Teacher's Name _____ Room # _____ Telephone # _____
 Fax # _____

Field Trip Destination _____

- Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) Out-of-Town (Beyond 50 mile radius)
(forward directly to Field Trip Office)
- Overnight Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route _____

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
- Charter Bus Company (certified): Yes No - Check with Field Trip Office
- Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
- Public Transportation Train Commercial Airline Other: _____

Funding Source _____ Financial Assistance Available? Yes No

Number of students participating: _____

Adult Chaperones/Drivers: Use additional forms if more than 4 names

- | | | | |
|----------|--|----------|--|
| | 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 |

Teachers and Staff Attending: Use additional forms if more than 4 names

- | | | | |
|----------|--|----------|--|
| 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 |

Principal Approval _____ Date _____

Risk Management Approval (Unusual Activities) _____ Date _____

Segment Administrator Approval _____ Date _____

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

- Local Trip (school or charter bus):** (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator for approval.
- Local Trip:** (50-mile radius: driver led) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Local Trip:** (waling, RT, Amtrak): Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
- Out-of-Town:** (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 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 Administrator 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 Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
- Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 years.**

Reviewed by Site Office Manager: _____
 (Initials)

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.

Parent/Guardian Printed Name	Signature	Date
Date Received by School:	Received by:	

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



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.

Printed 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 ONE (1) YEAR 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 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.

Printed 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 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

Sacramento City Unified School District OVERNIGHT SLEEPING ARRANGEMENTS

NO PRIVATE HOMES, AIR BNB, HOSTELS

School Site:		Teacher:
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Date: ____/____/____		Destination:
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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: \$50,000/100,000 liability and \$25,000 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 & DISABILITY MANAGEMENT

5735 47th Avenue - Sacramento, CA 95824

Phone: (916) 643-9421

Fax: (916) 399-2071

Keyshun Marshall, *Coordinator II*

This form is required and must be completed and returned to Risk Management. The information below will be submitted to 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: _____ Title: _____

Volunteer: Substitute/PerDeim:

Please submit a clear copy of driver license with this form. Be aware of timelines and plan for the necessary preparation time prior to submitting this form.

**This form must be submitted (6) weeks in advance for all trips requiring drivers. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Sacramento City Unified School District Risk & Disability 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 & Disability 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)**

All Field Trips are booked at least fifteen (15) days prior to the Field Trip requested and on a first come first serve basis upon receipt by date in the Field Trip Office.

Please send completed form to: Lucy Becker, Field Trip Office, Box 844B (916) 277-6703

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

School Code #: _____ **School Name:** _____

Teacher(s) Name(s): _____

Grade Level: _____ **# Of Students:** _____ **# Of Adults:** _____ **# Of Classes:** _____

Of Special Ed. Students: _____ **L.H.** _____ **S.H.** _____ **R.S.P.** _____
(If you need a Wheelchair Bus, please contact the Special Education Department @ 643-9188 to set up a bus for your Field Trip.)

Budget Code: _____
(Mandatory) _____

Approved By: _____
Principal Signature

1st Choice **Pick-Up Time:** _____ **Tour Time:** _____ **Leave Time:** _____

Destination Code #: _____ **Destination:** _____

Month(s) Desired: _____
(Please make sure you have me schedule around your sites testing dates.)

2nd Choice **Pick-Up Time:** _____ **Tour Time:** _____ **Leave Time:** _____

Destination Code #: _____ **Destination:** _____

Month(s) Desired: _____
(Please make sure you have me schedule around your sites testing dates.)

FOR FIELD TRIP OFFICE USE ONLY

Field Trip Sequence #: _____ Scheduled Date: _____

Date Entered: _____ Pick-Up Time: _____ Tour Time: _____ Leave Time: _____

• NOTE: 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.

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

Date Received by District:	Received/Approved by:
-----------------------------------	------------------------------

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

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

Approvals: 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 _____ TOTAL _____
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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 ****	_____	_____