

Instrumental Music Classes):

San Ramon Valley Unified School District School Trip Permission Form

	1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	///			
	School: MMt VISTA HS Departure Date 2021-22 Return Date 2021-22	Teacher <u>(Loyal</u>	Destination Varies		
	Departure Date 2021-22	Time am pm	Perattoehed	refederte	
.	Return Date 2021-22	am lpm	12-1 2 0		
	Transportation: Walking Private	Vehicle (volunteer drivers)ぬDist	rict ACommercial Vehicle,	bus, airplane, etc.)	
L				, 1	
G	General Information				
W	Education Code Section 35330 authorizes the with courses of instruction of school related state the District of Columbia and Section 18	governing board of any school distriction	et to conduct school trips or exc	from places in the state any other	
Sta	tate, the District of Columbia, or a foreign*	country. School trips or excursions r	nay be connected with such con	urses of instruction or such school	
ac	cuvities that further the student's education	n and participation is voluntary A	s a voluntary event no speci	ial attendance credit is given for	
	participation, and an alternative activity at sch	ool will be provided if my child does	not participate.		
	Emergency Information				
St	tudent Work #_	Parent/Guardian			
H	Home # Work #_	Cell #			
	lease check the appropriate statement regard	ng student's health:			
ļ	My child has no known health probl				
ı	My child has the following health pr	oblems:			
	(Please identify any medication that th	e child may need during the course of	this trip)		
Eı	Emergency Directions				
	Please check #1 or #2 below to indicate desired acti	on in the event of accident or amargana.			
г					
L he.	1. In the event of accident or emergency, wheelshe considers necessary for my shild to receive	nen a parent/guardian is unavailable, I here	by authorize a representative of the	school to make such arrangements as	
the	including necessary francountry from the control of				
	the named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The undersigned parent/guardian fully understands he/she is responsible to pay all				
suc	ich care and treatment to be performed by any lice	ensed physician or surgeon. The undersign	sary. In the event said physician is	not available at any time I authorize	
cos	uch care and treatment to be performed by any lice	ensed physician or surgeon. The undersign	sary. In the event said physician is ned parent/guardian fully unders	s not available at any time, I authorize tands he/she is responsible to pay all	
cos	ost incurred as a result of the foregoing. hysician's name Phone is	ensed physician or surgeon. The undersign	sary. In the event said physician is ned parent/guardian fully unders Provider M.	s not available at any time, I authorize tands he/she is responsible to pay all fedical #	
cos	ich care and treatment to be performed by any lice	ensed physician or surgeon. The undersign	sary. In the event said physician is ned parent/guardian fully unders Provider M.	s not available at any time, I authorize tands he/she is responsible to pay all fedical #	
Ph Liz	cost incurred as a result of the foregoing. hysician's name Phone if Phone if 2. I do not choose the above statement and diability Waiver	ensed physician or surgeon. The undersign	sary. In the event said physician is ned parent/guardian fully unders	s not available at any time, I authorize tands he/she is responsible to pay all fedical #	
Ph Liz	cost incurred as a result of the foregoing. hysician's name Phone in a lability Waiver [alifornia law provides as follows: "All persons"	ensed physician or surgeon. The undersign Medical Insurance is esire the following action to be taken: making the field trip or excursion shall to	sary. In the event said physician is ned parent/guardian fully unders Provider M De deemed to have waived all clai	s not available at any time, I authorize tands he/she is responsible to pay all dedical #	
Ph [Liz	cost incurred as a result of the foregoing. hysician's name Phone in a lability Waiver alifornia law provides as follows: "All persons a lifornia for injury, accident, illness, or death occ	ensed physician or surgeon. The undersign Medical Insurance is esire the following action to be taken: making the field trip or excursion shall turring during or by reason of the field trip.	sary. In the event said physician is ned parent/guardian fully unders Provider M De deemed to have waived all clain or excursion." (Education Code S	ms against the district or the State of	
Ph [Li:	cost incurred as a result of the foregoing. hysician's name Phone at	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers	Provider Medication Code S any and all claims against the sch.	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the Lagree to indempt the school its	
Ph Li: Ca Ca coi dis em	cost incurred as a result of the foregoing. hysician's name Phone are provided by any lice of the foregoing. 2. I do not choose the above statement and described by a provided as follows: "All persons alifornia law provides as follows: "All persons alifornia for injury, accident, illness, or death occondition of my child's participation, I agree this district, its governing board, the individual member of the provided by the provided	making the field trip or excursion shall the turning or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers go board, the individual members thereof.	Provider	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees for any injury, home	
Ph Li: Ca Ca coi dis em acc	cost incurred as a result of the foregoing. hysician's name Phone at	making the field trip or excursion shall the turning or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers go board, the individual members thereof.	Provider	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees for any injury, home	
Ph List Ca Ca coo dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including	Provider	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by	
Ph List Ca Ca coordis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is 2. I do not choose the above statement and diability Waiver falifornia law provides as follows: "All persons alifornia for injury, accident, illness, or death occondition of my child's participation, I agree this district, its governing board, the individual member inployees and volunteers, the district, its governing cident, illness, death, loss, liability, cost, expense	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including	Provider	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by	
Ph Li: Ca Ca con dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is 2. I do not choose the above statement and diability Waiver alifornia law provides as follows: "All persons alifornia for injury, accident, illness, or death occondition of my child's participation, I agree this sistrict, its governing board, the individual membranely membranes and volunteers, the district, its governing cident, illness, death, loss, liability, cost, expense cason of this excursion/school trip event. understand that participation in this school trip in articipate in the school trip. lease check one of the following:	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have care	provider	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to	
Ph Li: Ca Ca con dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have calculated to the control of the co	Provider	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to	
Ph Li: Ca Ca con dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall be urring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have calculated to the control of this trip. I have been approportation Dept at (925) 824-1832 for velocities.	provider	ms against the district or the State of ection 35330) I acknowledge that as a col, its employees and volunteers, the s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to the management System to act as a(n): seat current requirements.)	
Ph Li: Ca Ca con dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (includir volves a certain degree of risk. I have consportation Dept at (925) 824-1832 for vel Driver Email:	provider	ms against the district or the State of ection 35330) I acknowledge that as a col, its employees and volunteers, the s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to the management System to act as a(n): seat current requirements.)	
Ph Li: Ca Ca con dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have can be considered to the constant of the constant o	previder	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the sand employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to the remaining of the school is sand employees for any injury harm, rsonal property occurring during or by ed and consent for my child/myself to the remaining of the seat current requirements.) # of student seats:	
Ph Li: Ca Ca con dis em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including volves a certain degree of risk. I have constituted the construction of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers go board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have constituted to the constitute of the constit	previder	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the sand employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to the remaining of the school is sand employees for any injury harm, rsonal property occurring during or by ed and consent for my child/myself to the remaining of the seat current requirements.) # of student seats:	
Ph Li: Ca Ca coordissem accorrea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have consported by the consportation Dept at (925) 824-1832 for vel	pre deemed to have waived all clair or excursion." (Education Code S any and all claims against the scher, agents and employees. Further, and all other district officers, agent ag attorney's fees) or damage to perform the control of the control o	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to er Management System to act as a(n): seat current requirements.) # of student seats: # of student seats: # of student seats: # of student seats:	
Ph List Ca Ca coordiss em acc rea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers g board, the individual members thereof, a or claim of any type whatsoever (including twolves a certain degree of risk. I have consported by the consportation Dept at (925) 824-1832 for vel	pre deemed to have waived all clair or excursion." (Education Code S any and all claims against the scher, agents and employees. Further, and all other district officers, agent ag attorney's fees) or damage to perform the control of the control o	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to er Management System to act as a(n): seat current requirements.) # of student seats: # of student seats: # of student seats: # of student seats:	
Ph Liz Liz Ca Ca Coordise em accorrea	cost incurred as a result of the foregoing. hysician's name Phone is	making the field trip or excursion shall turring during or by reason of the field trip waiver of all claims shall be extended to ers thereof, and all other district officers board, the individual members thereof, a or claim of any type whatsoever (including volves a certain degree of risk. I have can be consported by the consportation Dept at (925) 824-1832 for vel the consport	pre deemed to have waived all clair or excursion." (Education Code S any and all claims against the scher, agents and employees. Further, and all other district officers, agent ag attorney's fees) or damage to perform the control of the control o	ms against the district or the State of ection 35330) I acknowledge that as a ool, its employees and volunteers, the I agree to indemnify the school, its s and employees for any injury, harm, rsonal property occurring during or by ed and consent for my child/myself to er Management System to act as a(n): seat current requirements.) # of student seats: # of student seats: # of student seats: # of student seats:	

* International travel is currently suspended

Teacher to return original form to school office after school trip