

# SANTA CRUZ CITY SCHOOLS

## Division of Business Services

### *MEMORANDUM*

TO: Principals, Assistant Principals and Principals' Secretaries.

FROM: Catherine Meyer-Johnson, Administrative Assistant

DATE: August 8, 2013

RE: Field Trip Forms

Attached are the District-approved forms to be used for school field trips. All are available in both English and Spanish, and are usually duplicated as 2 sided forms. Below is an explanation of what the various forms are used for. The first two documents will be your most commonly used forms. Please duplicate as needed and distribute these forms to your teachers. Thanks in advance!

1. **Health Data Form:** This form needs to be filled out just once/year by a parent/guardian. It contains all the medical information that would be needed if a student were injured or became ill on a field trip. The original form will be kept on file at the school, and copies of it will be sent with teachers and parent drivers when they take students on field trips. Note that there is space at the bottom for school staff to note updates if parents advise that information has changed.
2. **Voluntary Excursion/Field Trip Notice and Medical Authorization:** This form is to be filled out for each field trip. The top box is completed by the teacher, and the bottom box by the parent. Note that both the parent and student (if in high school) sign. Keep the originals in your office. This form is not taken with drivers on field trips.
3. **Field Trip by Private Vehicle** - This form is used to prequalify drivers of non-District vehicles to drive on school field trips. Potential volunteer drivers complete the form and provide copies of their current drivers' license and insurance card. Keep these copies on file with the original form in your office. This form is not intended to authorize students to drive other students. You may want to send this form out at the beginning of the year to create a pool of authorized drivers.
4. **Acknowledgement and Assumption of Potential Risk.** This form is used for "risky" activities, like rock climbing, boating, travel by airplane, etc. Keep the original form in your office.
5. **Non-District Transportation Notice.** This form is used for parents to give permission for their children to be driven in non-District vehicles. It can be completed at the beginning of the school year and be in effect for the school year. It is not intended to authorize students to drive students.
6. **Voluntary Excursion/Field Trip Notice and Medical Authorization - Adult.** This form is for adults accompanying students on field trips.

A basic rule of thumb is to keep the original completed forms on file for 3 years in your office. Do not send them to the District Office. Please call me at 429-3410, ext. 223 if you have questions.

/cmj  
Attachments



## SANTA CRUZ CITY SCHOOLS

### HEALTH DATA

#### ADULT SCHOOL STUDENT

FOR SCHOOL YEAR: \_\_\_\_\_

*\*\* Note: A copy of this form will be taken on field trips where your child is a participant. Please notify your child's teacher if any information changes during the school year.*

STUDENT'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ ROOM #: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

EMERGENCY NAME & TELEPHONE NUMBER:

#### HEALTH DATA:

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Student's special medical conditions: \_\_\_\_\_

A special note to student:

- (1) All drugs must be registered on this form;
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
- (3) Check here if there are no special problems that the staff should be aware of and no drugs are required.
- (4) If any medication or drugs are to be taken by student, list them here. (Name of drug and reason):

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

For Staff Use Only. Please update as necessary:



## SANTA CRUZ CITY SCHOOLS

### HEALTH DATA

FOR CHILD OF PARENT EDUCATION NURSERY SCHOOL STUDENT

FOR SCHOOL YEAR: \_\_\_\_\_

*\*\* Note: A copy of this form will be taken on field trips where your child is a participant. Please notify your child's teacher if any information changes during the school year.*

STUDENT'S NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ CHILD'S DATE OF BIRTH : \_\_\_\_\_

PARENT CO-OP LOCATION: \_\_\_\_\_ CLASS DAYS & TIME: \_\_\_\_\_

EMERGENCY NAME & TELEPHONE NUMBER:  
\_\_\_\_\_

#### HEALTH DATA:

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Student's special medical conditions: \_\_\_\_\_  
\_\_\_\_\_

A special note to Child's Parent/Guardian:

- (1) All drugs must be registered on this form;
- (2) All drugs, excepting those which must be kept on the child's person for emergency use, must be kept and distributed by the child's parent/guardian or staff;
- (3) Check here if there are no special problems that the staff should be aware of and no drugs are required.
- (4) If any medication or drugs are to be taken by child, list them here. (Name of drug and reason):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

For Staff Use Only. Please update as necessary:  
\_\_\_\_\_  
\_\_\_\_\_



**SANTA CRUZ CITY SCHOOLS**

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION FOR  
CHILD OF PARENT EDUCATION NURSERY SCHOOL STUDENT**

*To be completed by School Staff:*

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Method Of Transportation: \_\_\_\_\_ Person In Charge: \_\_\_\_\_

*To be completed by PENS Student/Parent/Guardian:*

Student's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Emergency Name & Telephone Number: \_\_\_\_\_

I understand that children continuing in this activity will be under the jurisdiction of Santa Cruz City Schools employees and are expected to comply with all regulations and directions given to them by the person(s) in charge.

In the event that my daughter/son/ward fails to comply with instructions of school officials, I will assume the responsibility for his or her return to Santa Cruz. This expense will be assumed by me upon notification from the Superintendent or his designated representative.

**SECTION I: WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND CERTIFICATION**

As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.

**SECTION II: EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**Permission to participate in the above mentioned program sponsored by Santa Cruz City Schools is given by myself for my minor child as shown above.**

\_\_\_\_\_  
STUDENT/PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE



SANTA CRUZ CITY SCHOOLS  
**FIELD TRIP BY PRIVATE VEHICLE**  
DECLARATION OF EMPLOYEE/PARENT/VOLUNTEER DRIVER OF  
\_\_\_\_\_ SCHOOL STUDENTS

(Name of School)

The undersigned acknowledges that the purpose of this Declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transportation of Santa Cruz City Schools students to and from school-sponsored and supervised activities.

STUDENT'S NAME \_\_\_\_\_ TEACHER/HOME ROOM \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DRIVING RESTRICTIONS \_\_\_\_\_

YEAR & MAKE OF AUTO \_\_\_\_\_ VEHICLE LICENSE # \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ LIABILITY LIMITS \_\_\_\_\_

AGENT'S NAME & PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_ EXPIRATION DATE OF POLICY \_\_\_\_\_

If you drive your personal automobile while on school business and you are involved in an accident, by law, your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle.

The undersigned certifies that the above information is correct and that the insurance coverage is in force. The undersigned understands that he/she must have liability insurance coverage in force and agrees to advise the District, in writing, of any changes in the above information. Minimum coverage requirements as set by the State of California: Public Liability - Bodily Injury- \$15,000/\$30,000; Property Damage - \$10,000.

The undersigned understands that California law requires that each passenger be provided with a seat belt and that seat belts are worn by all passengers at all times. The undersigned further agrees that the passenger capacity of his/her vehicle, determined by the number of seat belts, will not be exceeded. In no event shall more than 9 passengers plus the driver ride in the vehicle at any time. Children in grades K-6 must be seated in the back seat(s) only. California Law requires that children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children under the age of 8 who are 4' 9" or taller may be secured by a safety belt in the back seat.

The undersigned certifies that he/she is not a registered sex offender.

The undersigned agrees not to transport a student on a field trip, without the prior written permission from the parent/guardian of the student. That written permission shall be in the possession of the site administrator.

Vehicle Owner's Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Driver's Signature \_\_\_\_\_ DATE: \_\_\_\_\_

School Administrator's Approval \_\_\_\_\_ DATE: \_\_\_\_\_

**During the school year, we plan many field trips to various locations in the community. We depend on parents to help transport students to and from these locations. If you think you might be able to drive on one of our school field trips, please fill out this form and enclose a copy of your driver license and a copy of current vehicle insurance. Thanks.**



## SANTA CRUZ CITY SCHOOLS

### NON-DISTRICT TRANSPORTATION NOTICE

#### FOR CHILD OF PARENT EDUCATION NURSERY SCHOOL STUDENT

The undersigned hereby acknowledges and understands that the District is NOT providing transportation to school-sponsored activities and that it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for my child:

\_\_\_\_\_ (child's name),

to ride as a passenger in a vehicle driven by a parent or another adult over 21 years of age, to and from school-sponsored activities during the time period beginning

\_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_\_.

This authorization will remain in effect throughout the above period unless revoked in writing.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

**As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



**SANTA CRUZ CITY SCHOOLS**  
**NON-DISTRICT TRANSPORTATION NOTICE**  
**FOR STUDENTS OVER 18 YEARS OF AGE**

The undersigned hereby acknowledges and understands that the District is NOT providing transportation to school-sponsored activities and that it is the responsibility of the undersigned to arrange for transportation.

I hereby authorize myself:

\_\_\_\_\_ (student's name),

to drive myself or to ride as a passenger in a vehicle driven by another adult to and from school-sponsored activities during the time period beginning

\_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_\_.

This authorization will remain in effect throughout the above period unless revoked in writing.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

**As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**SANTA CRUZ CITY SCHOOLS**

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION FOR PARENT EDUCATION NURSERY SCHOOL STUDENT - ADULT**

*To be completed by School Staff:*

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Method Of Transportation: \_\_\_\_\_ Person In Charge: \_\_\_\_\_

*To be completed by PENS Student:*

Student's Name: \_\_\_\_\_

Emergency Name & Telephone Number: \_\_\_\_\_

**SECTION I: WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND CERTIFICATION**

As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. The undersigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.

**SECTION II: EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**I agree to the above terms as a condition of participation in the above mentioned program sponsored by Santa Cruz City Schools.**

\_\_\_\_\_  
PENS STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
MEDICAL INSURANCE CARRIER

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
MEDICAL INSURANCE CARRIER'S ADDRESS



## SCPENS Field Trip Forms 2015-16

Attached are the School District approved forms for SCPENS school field trips. Please print out, fill in and give it to your teacher prior to your first field trip.

### Forms required for SCPENS field trips:

- 1. Health Data Form—Adult School Student**  
This form needs to be filled out with parent/guardian information.
- 2. Health Data Form—Child School Student**  
This form needs to be filled out with your child's information.
- 3. Voluntary Excursion/Field Trip Notice and Medical Authorization—Adult**  
This form is for adults accompanying students on field trips.
- 4. Voluntary Excursion/Field Trip Notice and Medical Authorization—Child**  
This form is for children going on a field trip.
- 5. Field Trip by Private Vehicle**  
This form is filled in with parent/guardian information.
- 6. Non-District Transportation Notice—Adult**  
Fill out this form with parent/guardian information.
- 7. Non-District Transportation Notice—Child**  
Fill out this form with your child's information.