



OVERNIGHT PERMISSION FORMS

(TRANSPORTATION BY BUS, LEASED VEHICLES,
OR PRIVATE VEHICLES)



(revised 9/1/11)

INSTRUCTIONS:

NOTE: All forms are interactive, so you can type in the information needed. Items repeated will automatically fill in on other pages. Any other items can be filled in by tabbing to that item or clicking on that field. ████ highlighted box indicates a signature is needed. **BLUE** highlighted box – click on that box if the answer is **YES**. A checkmark will appear. Otherwise, leave blank.

SPECIAL NOTE RE DRIVERS OF PVPUSD LEASED VEHICLES ONLY: If a driver of a PVPUSD leased vehicle is a “volunteer” for an overnight trip (not a PVPUSD employee), they must:

- (1) get DMV clearance to drive (see Jeanne for the form and also need a copy of the driver’s license; form and copy given back to Jeanne);
- (2) Jeanne will notify District that the volunteer will submit an employment application and will request the livescan (fingerprinting) form and give TB results at District;
- (3) get paperwork for livescan (fingerprinting); (fingerprinting fees which vary with different companies, reimbursable by the coach’s jog-a-thon);
- (4) fill out the “Volunteer Driver” form (pages 8-9) indicating their driver’s license and car insurance information.

- 1) **STUDENT FORM (Mandatory):**
Pupil Field Trip Permission Slip and Medical Authorization must be completed and signed for all students participating in the overnight trip.
- 2) **STUDENT FORM (Mandatory, if swimming):**
Certification of Swimming Ability Waiver, Release and Assumption of Risk for Voluntary Activity must be completed and signed for all students and parents if the student anticipates swimming during the trip.
- 3) **STUDENT FORM (Mandatory, if riding in a private vehicle other than their own parents):**
Permission For Transportation in Private Vehicle must be completed and signed for **all** students riding in a private vehicle other than their own parents’ vehicle.
- 4) **VOLUNTEER DRIVER (Mandatory, if transporting any students, other than their own):**
Volunteer Driver Form must be filled out and signed by drivers transporting **any students other than their own**.
- 5) **CHAPERONE FORM (Mandatory):**
Chaperone Field Trip Notice and Medical Authorization must be completed by all chaperones accompanying the group.
- 6) **Two possible ways these forms can be distributed:**
 - a. Designated person can fill in the basic information, print out those pages that apply, and **make copies for the all students, chaperones, and volunteer drivers; OR**

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- b. Designated person can **email this packet to each student, chaperone, or volunteer driver**, have them fill in and interact with the forms as needed. Advise them of any additional information that may be needed in order for the forms to be filled out properly. Be sure to let them know: **Activity, Destination, Method of Transportation, Departure and Return Date and Time; Departure and Return Location**. Student, chaperone, and volunteer driver will print out the forms that pertain to each when completed.
- 7) When forms are completed, PRINT the pages that pertain to you:
- STUDENTS – Pages 3-7
 - VOLUNTEER DRIVER – Pages 8-9
 - CHAPERONE – Pages 10-11

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PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION

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(To be completed by parent, guardian or caregiver)

Please complete and return this form to the supervising teacher of the field trip/activity. **No pupil will be permitted to participate in this activity without this form on file.**

_____, Pupil at _____
Pupil's Name (print) School Date of Birth

has my permission to participate in the following: Activity: _____

Destination: _____ Method of Transportation: _____

Departure Date & Time: _____ Return Date & Time: _____

Departure Location: _____ Return Location: _____

MEDICAL AUTHORIZATION

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity of our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. 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.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the Palos Verdes Peninsula Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation or our (my) child/ward in any activities covered by this permission slip.
5. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
6. If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician, a description of that medical condition and/or physical disability is attached hereto.

PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION

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(To be completed by parent, guardian or caregiver)

A Special Note to Parent/Guardian/Caregiver:

1. All medications taken by our child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medication prescribed by a physician for your child/ward must be kept and administered by District staff.
3. Check here if your child/ward has a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
4. List any medication/s that your child/ward must take while participating in the activities covered by this permission slip. For each medication listed, please provide the dosage and reason for the medication:

Name of Medication	Dosage	Reason(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. My child/ward is allergic to the following medications: _____

6. My child/ward is allergic to the following foods, materials, etc.: _____

I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.

Address: _____ Phone No(s): _____
(where I can be reached during this activity)

Emergency contact if I cannot be reached _____
Name Phone No.

Pupil's Medical Insurance Carrier Policy Number Address

Parent/Guardian/Caregiver (please print) Signature Date

Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.