

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Parent/Guardian School Sponsored Trip Authorization (Form 2a)

(Return form to classroom teacher or activity sponsor when completed)

STUDENT LAST NAME	FIRST NAME	SCHOOL (please circle)	GRADE
ACTIVITY		CLASSROOM TEACHER/ACTIVITY SPONSOR	
LOCATION		DEPARTURE DATE/TIME	
TYPE OF TRANSPORTATION		ANTICIPATED RETURN DATE/TIME	
INSURANCE COMPANY		POLICY EXPIRES	

To Parent/Guardian:

1. Your child is eligible to participate with a group from this school on the activity indicated above. One or more teachers will accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted unless parent/guardian chooses to transport his/her child only. In this case Form 5 must be completed.
2. Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.
3. **STUDENTS WILL NOT BE PERMITTED TO ACCOMPANY THE GROUP UNLESS THIS FORM IS SIGNED BY THE PARENT OR GUARDIAN, SUCH SIGNATURE TO SIGNIFY PARENTAL APPROVAL.**
4. **No child will be denied participation in the trip if he/she is unable to pay for the costs. Please contact the staff sponsor if your child needs financial assistance.**

As of January 1, 2002 students must sit in a passenger restraint system meeting applicable federal motor vehicle safety standard.

I, as parent/guardian, understand that by permitting my child to participate in this trip, I have waived all claims against the District (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the trip (*Education Code 35330*).

My signature below indicates that the above-named student has my permission to attend the field trip as outlined above and per the aforementioned conditions stated above.

Parent or Guardian Signature *Date*

Activity Sponsor: Permission forms are to be held by the sponsor until the trip is completed. The School Secretary (elementary) or Attendance Office (secondary) will need a list of all those attending the activity 24 HOURS PRIOR TO DEPARTURE.

- I can help drive and chaperone - Printed name _____ Phone # _____
 - **Will you need a UCD parking permit?** ____ yes ____ no
 - The number of passenger seats with seatbelts only: _____
 - The number of passenger seats with airbag/seatbelt: _____

Note: This form will be in the sponsor's possession throughout the trip.

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Parent/Guardian Emergency Procedure/Insurance Verification
(Form 2b)

MASTER FOR SCHOOL YEAR _____
(NOTIFY SCHOOL OFFICE OF ANY CHANGES)

(I), (We), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize the DAVIS JOINT UNIFIED SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this academic year.

Father or
Guardian: _____ Date: _____

Mother or
Guardian: _____ Date: _____

Home Phone: _____ Business Phone : _____

Alternate Emergency Phone#: _____

Allergic Reactions: _____

Medical/Accident Insurance Company: _____

Insurance Policy/Group No.: _____

Family Physician: _____ Phone: _____

Special Instructions: _____

Parent/Guardian Signature

Date

It is the responsibility of the parent or guardian to update this information. Please notify the office of any changes.

The Davis Joint Unified School District does not provide medical coverage for students. If you do not have medical coverage or would like additional secondary coverage for school events at a nominal cost, you may pick up information on supplemental school medical coverage from the school site secretary.