

SCHOOL SPONSORED TRIPS

**Poway Unified School District
Poway, California 92064
TRIP PERMIT**

The activity described below is entirely **VOLUNTARY**. If you, your child, or other invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion Accordingly, I hereby waive all claims which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

District policy states that students are not allowed to transport other students to/from extracurricular activities.

I, the undersigned, request that the person named below be granted permission to participate in this voluntary activity.

I, the undersigned, request that the person named below not participate in the voluntary activity and a suitable alternate assignment will be arranged.

_____, a student/parent at _____ School
(Participant's Name) (Name of School)

Wishes to participate in _____
(activity name or description)

from _____ / _____ am/pm to _____ / _____ am/pm
(date) (time) (date) (time)

or during _____ / Transportation will be provided by:
(specify the semester or season)

School Bus Charter Bus Private Auto Other _____

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

SCHOOL SPONSORED TRIPS (continued)

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Date	Signature of Parent or Guardian		Primary Phone Number
		()	
			Work Phone Number

Date	Signature of Student (if over 18 years of age)

Instructions: This form is intended for trip participants other than PUSD employees, including students, parents, and their approved guests. Give to Principal or designee who retains signed copy on file for one year from date of the event.

Poway Unified School District — 15250 Avenue of Science — San Diego — California 92128

**PRIVATE VEHICLE TRANSPORTATION FOR STUDENTS
OFF-SITE STUDY EXPERIENCE**

Dear Parent,

The following student off-site study experience is scheduled for our school:

PURPOSE OF TRIP	DESTINATION	
DATE OF TRIP	TIME OF DEPARTURE	TIME OF RETURN

Please fill in, sign, and return the lower portion of this form, including your availability to assist in transporting pupils to this educational experience.

Staff Signature

REQUIREMENTS AND LIMITATIONS

- **INSURANCE** (minimum requirements)

Public Liability	Bodily Injury.....	100,000/300,000 per accident
	Property Damage.....	50,000 per accident
	Medical Payments.....	5,000 per individual

SCHOOL SPONSORED TRIPS (continued)

- **FINANCIAL CHARGE**
No financial charge to the district shall be made for pupil transportation by private vehicle.
- **PASSENGERS** (limitations)

The number of passengers to be transported in any one vehicle shall not be more than the legally permissible number for the vehicle and in all cases no more than nine. The number of passengers is limited by the number of seat belts. All passengers must be secured in an appropriate child restraint (safety seat or booster seat) in the back seat of a vehicle until they are at least 8 years old or 4'9" in height (VC 27360).

1. I have read and understand the above requirements and limitations. I meet the minimum insurance requirements, and I realize that no financial charges shall be made to the district for pupil transportation which I provide.
2. I am aware of the liability immunity provisions of Education Code 35330 which states in part: "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."
3. I recognize that my insurance carrier will have primary liability in case of an accident. The necessary policy information is as follows:

NAME OF INSURANCE CARRIER	POLICY NUMBER	EXPIRATION DATE
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4. Transportation provided by the date indicated will accommodate _____ number of passengers. The vehicle will be driven by the following named adult:

NAME OF DRIVER	LICENSE NUMBER	EXPIRATION DATE
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5. I certify that I have a valid, non-restricted California Drivers' license.

SIGNATURE	DATE
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NOTE: This signed statement must be filed with the school's principal before the trip and kept for at least one year following the conclusion of the trip.