



San Ramon Valley Unified School District School Trip Permission Form

* Permission slip and
payment due by
May 5th, 2023

School: <u>HMS</u>	Teacher: <u>M Norris</u>	Destination: <u>Scandia Golf/land</u>
Departure Date: <u>5/31/23</u>	Time: <u>9:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Return Date: <u>6/1/23</u>	Time: <u>2:45</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> Private Vehicle (volunteer drivers) <input type="checkbox"/> District <input checked="" type="checkbox"/> Commercial Vehicle, bus, airplane, etc.)		

General Information

Education Code Section 35330 authorizes the governing board of any school district to conduct school trips or excursions for students in connection with courses of instruction of school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign* country. School trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary. As a voluntary event, no special attendance credit is given for participation, and an alternative activity at school will be provided if my child does not participate.

Emergency Information

Student _____ Parent/Guardian _____

Home # _____ Work # _____ Cell # _____

Please check the appropriate statement regarding student's health:

☐ My child has no known health problems.

☐ My child has the following health problems: _____

(Please identify any medication that the child may need during the course of this trip)

Emergency Directions

Please check #1 or #2 below to indicate desired action in the event of accident or emergency

☐ 1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician 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 cost incurred as a result of the foregoing.**

Physician's name _____ Phone # _____ Medical Insurance Provider _____ Medical # _____

☐ 2. I do not choose the above statement and desire the following action to be taken: _____

Liability Waiver

California law provides as follows: "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." (Education Code Section 35330) I acknowledge that as a condition of my child's participation, I agree this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees. Further, I agree to indemnify the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/school trip event.

I understand that participation in this school trip involves a certain degree of risk. I have carefully considered the risk involved and consent for my child/myself to participate in the school trip.

Please check one of the following:

☐ I would like to participate as a Volunteer Chaperone for this trip. I have been approved through the SRVUSD Volunteer Management System to act as a(n):

☐ Day Trip Driver (Contact Transportation Dept at (925) 824-1832 for vehicle capacity and seat belt/booster seat current requirements.)

Driver Name: _____ Driver Email: _____ # of student seats: _____

☐ Day Trip Chaperone Only - Name: _____

☐ Overnight Driver/Chaperone (Fingerprinting required. Process takes 30-45 days) - Name: _____ # of student seats: _____

☐ I am not able to, or prefer not to, chaperone or drive for this trip.

My signature below indicates that I have read, understand and agree to the terms of the School Trip Permission Form and authorize my child to participate:

PARENT/GUARDIAN SIGNATURE _____

DATE _____

- Original form to be carried by person transporting student
- Teacher to return original form to school office after school trip



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT

STUDENT CODE OF CONDUCT FOR SCHOOL TRIPS

I agree that if or any reason I am in violation of the rules of the school trip, I may be brought before the appropriate school personnel for disciplinary action. I further agree to accept the penalty imposed on me, with the understanding that all such actions will be explained to me. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being sent home *immediately at my own expense or being arrested by law enforcement officers.*

Rule violations will be dealt with in the following manner:

1. The staff supervisors will take immediate action for any rule violation.
2. The staff supervisors will notify the principal of the violation and the action taken and make a recommendation for disciplinary action.
3. Violators will have the opportunity to state their version of what happened.
4. The principal or other SRVUSD administrator will make the formal decision as to the penalty imposed based on all evidence presented.
5. The penalties may include the following
 - a. Reprimand
 - b. Probationary period
 - c. Disqualification from future activities
 - d. Being sent home at own expense
 - e. Suspension and/or recommendation for expulsion from school

- ☐ I understand the behavior expectations and the consequences of violating the Student Code of Conduct. I have read this code and agree to comply with all of the rules and regulations as outlined by the staff supervisor.

Student Name _____

Student Signature _____ Date _____

- ☐ I understand and support the behavior expectations and the consequences if my child Violates the Student Code of Conduct. My child has read this form and will comply with all of the rules and regulations as outlined by the staff supervisor.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

- ☐ The above Student Code of Conduct has been explained to the school trip participant. I Have notified the participants as to the rules and regulations of this school trip. I will serve as the appropriate staff supervisor during the school trip by signing below.

Staff Supervisor Name Marissa Norris-Principal Date March 3, 2023

Staff Supervisor Signature M-N Date 2/3/23