



FIELD TRIP PERMISSION FORM AND WAIVER

Your child has received charter school approval to participate in a seminar which involves your student leaving the Da Vinci Science High School campus under the supervision of a DVS staff member, indicated below. All of the expectations as outlined in the DVS handbook apply to students participating in off-campus seminars.

Student Name: _____

Period 1 Teacher: _____

Date: **Thursday 8/29/19 - Friday 8/30/19**

Departure Time: **9:00am**

Return Time: **3:00pm**

Off-campus Location: **Camp Ponderosa, 31324 Green Valley Lake Rd, Running Springs, CA 92341**

Transportation: **Charter Bus**

DVS Staff Supervisor: **Steve Wallis / Lori Hunt**

WAIVER OF CLAIM: I understand that AB 766 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the Charter School for injury, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the Charter School and the CCSA JPA (and their officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of the Charter School, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand this field trip is optional and attendance by my child is not required and that an alternative activity at Charter School will be provided if I do not give permission for my child to participate.
2. I understand that all students going on this trip will be responsible in conduct to the bus driver(s), to teachers, and, if applicable, adult sponsors at all times.
3. I understand that all field trips begin and end at the School and that all students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. 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 the medical staff of the hospital or facility furnishing medical or dental services.

PARENT/LEGAL GUARDIAN SECTION: MUST BE COMPLETED

Name of Parent/Legal Guardian: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____ Phone: _____

Student's critical medical needs / allergies / conditions: (if none, please write "NONE")

I understand that all students participating in this trip will be expected to adhere to all of the rules & expectations of student conduct outlined in the Da Vinci Handbook. I agree to abide by these policies, and I understand that violation of these rules may result in my being sent home at my parents' expense and possible removal from Da Vinci Science.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____