

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

\* Student Name \_\_\_\_\_ has my permission to take part in the field trip to Kent and DelMar on date(s) Jan. 18  
Sponsored by music boosters Staff Member in charge John Mattern  
Transportation: \_\_\_ contract bus  automobile \_\_\_ Other \_\_\_\_\_  
If automobile, driver is: \_\_\_ employee  adult \_\_\_ student  
Name of driver: \_\_\_\_\_

I understand that all students going on this trip will be responsible in conduct to the bus driver, staff member, and/or adult volunteers. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.

\* Health Insurance Carrier covering the named student \_\_\_\_\_  
\* I.D./Policy Number \_\_\_\_\_

Student Health needs or limitations, including allergies, asthma, etc., and any medications which the student is expected to self administer:  
\_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_ My son/daughter has no special health needs nor any special medication.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment is advised by an attending physician, surgeon, or dentist or performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

\* I understand that this trip \_\_\_ does  does not involve swimming or wading activities.

\* My son/daughter \_\_\_ cannot swim \_\_\_ weak swimmer \_\_\_ average \_\_\_ strong swimmer.

\* I \_\_\_ do  do not give permission for my son/daughter to participate in swim activities.

I fully understand that participants are to abide by all District policies and regulations governing conduct during the trip.

\* I hereby acknowledge that I have been advised that the activities involved in this field trip \_\_\_ are  are not considered by the District to be of "high risk" to the participants.

I grant permission for my son/daughter to participate in the field trip as outlined on this form. In granting permission, as stated in California Education Code 35330, I understand that I waive all claims and hold the Tamalpais Union High School District, its officers, agents and employees, and the State of California harmless from any and all liability or claims which may arise out of or in connection with my son/daughter's participation in this activity.

\* Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

TAMALPAIS UNION HIGH SCHOOL DISTRICT  
Larkspur, California

(over) →

## SCHOOL DRIVER CERTIFICATION FORM FOR FIELD TRIPS OTHER THAN ATHLETIC EVENTS

Driver:    Employee     Parent/Guardian     Adult Volunteer     Student

(Student driver must obtain parent permission)

I hereby give my permission for my child named below to serve as a volunteer driver.

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student Driver's License No./Expiration Date \_\_\_\_\_

Date License Issued \_\_\_\_\_ The Student Driver Needs to be Accompanied by a

Driver 25 Years or Older if Transporting Other Students Under 20 Years Old    YES     NO

### Vehicle Information

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ License Plate \_\_\_\_\_

Registration Expires \_\_\_\_\_ Seat Capacity \_\_\_\_\_ No. Seat Belts \_\_\_\_\_

### Insurance Information – Please attach a copy of the policy declaration page/coverage

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence and \$300,000 medical coverage. If you transport students often, it is recommended that your liability coverage be \$300,000 per occurrence.)

Name of Agent \_\_\_\_\_ Telephone number \_\_\_\_\_

### Driver Certification Statement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: 2/2/99  
Revised: 1/23/07  
Revised: 5/22/07  
Revised: 7/30/07

TAMALPAIS UNION HIGH SCHOOL DISTRICT  
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(over) →

**ADULT VOLUNTEER FIELD TRIP WAIVER  
NOTICE AND MEDICAL AUTHORIZATION**

Adult's Name \_\_\_\_\_

Field Trip \_\_\_\_\_

Sponsoring group \_\_\_\_\_ Date \_\_\_\_\_

Staff member in charge \_\_\_\_\_

As stated in California Education Code Section 35330, I understand that I hold the Tamalpais Union High School District, its officers, employees, and agents harmless from all liability and claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

In the event of illness or accident, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_