



# OVERNIGHT PERMISSION FORMS

(TRANSPORTATION BY BUS, LEASED VEHICLES,  
OR PRIVATE VEHICLES)



(revised 9/1/11)

## **INSTRUCTIONS:**

**NOTE:** All forms are interactive, so you can type in the information needed. Items repeated will automatically fill in on other pages. Any other items can be filled in by tabbing to that item or clicking on that field. **PINK** highlighted box indicates a signature is needed. **BLUE** highlighted box – click on that box if the answer is **YES**. A checkmark will appear. Otherwise, leave blank.

***SPECIAL NOTE RE DRIVERS OF PVPUSD LEASED VEHICLES ONLY:*** If a driver of a PVPUSD leased vehicle is a “volunteer” for an overnight trip (not a PVPUSD employee), they must:

- (1) get DMV clearance to drive (see Jeanne for the form and also need a copy of the driver's license; form and copy given back to Jeanne);
- (2) Jeanne will notify District that the volunteer will submit an employment application and will request the livescan (fingerprinting) form and give TB results at District;
- (3) get paperwork for livescan (fingerprinting); (fingerprinting fees which vary with different companies, reimbursable by the coach's jog-a-thon);
- (4) fill out the “Volunteer Driver” form (pages 8-9) indicating their driver's license and car insurance information.

- 1) **STUDENT FORM (Mandatory):**  
Pupil Field Trip Permission Slip and Medical Authorization must be completed and signed for all students participating in the overnight trip.
- 2) **STUDENT FORM (Mandatory, if swimming):**  
Certification of Swimming Ability Waiver, Release and Assumption of Risk for Voluntary Activity must be completed and signed for all students and parents if the student anticipates swimming during the trip.
- 3) **STUDENT FORM (Mandatory, if riding in a private vehicle other than their own parents):**  
Permission For Transportation in Private Vehicle must be completed and signed for **all** students riding in a private vehicle other than their own parents' vehicle.
- 4) **VOLUNTEER DRIVER (Mandatory, if transporting any students, other than their own):**  
Volunteer Driver Form must be filled out and signed by drivers transporting any students other than their own.
- 5) **CHAPERONE FORM (Mandatory):**  
Chaperone Field Trip Notice and Medical Authorization must be completed by all chaperones accompanying the group.
- 6) **Two possible ways these forms can be distributed:**
  - a. Designated person can fill in the basic information, print out those pages that apply, and **make copies for the all students, chaperones, and volunteer drivers; OR**

(rev 9/1/11)

- b. Designated person can email this packet to each student, chaperone, or volunteer driver, have them fill in and interact with the forms as needed. Advise them of any additional information that may be needed in order for the forms to be filled out properly. Be sure to let them know: **Activity, Destination, Method of Transportation, Departure and Return Date and Time; Departure and Return Location**. Student, chaperone, and volunteer driver will print out the forms that pertain to each when completed.
- 7) When forms are completed, PRINT the pages that pertain to you:

**STUDENTS** – Pages 3-7

**VOLUNTEER DRIVER** – Pages 8-9

**CHAPERONE** – Pages 10-11

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**PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION****Page 1 of 2**

(To be completed by parent, guardian or caregiver)

Please complete and return this form to the supervising teacher of the field trip/activity. **No pupil will be permitted to participate in this activity without this form on file.**

\_\_\_\_\_, Pupil at \_\_\_\_\_  
Pupil's Name (print) School Date of Birth

has my permission to participate in the following: Activity: \_\_\_\_\_

Destination: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Return Location: \_\_\_\_\_

**MEDICAL AUTHORIZATION**

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity of our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. 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.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the Palos Verdes Peninsula Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation or our (my) child/ward in any activities covered by this permission slip.
5. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
6. If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician, a description of that medical condition and/or physical disability is attached hereto.

Exhibit B

6-5-06

Page 9 of 21

**PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION****Page 2 of 2**

(To be completed by parent, guardian or caregiver)

**A Special Note to Parent/Guardian/Caregiver:**

1. All medications taken by our child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medication prescribed by a physician for your child/ward must be kept and administered by District staff.
3. \_\_\_\_\_ Check here if your child/ward has a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
4. List any medication/s that your child/ward must take while participating in the activities covered by this permission slip. For each medication listed, please provide the dosage and reason for the medication:

Name of Medication	Dosage	Reason(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. My child/ward is allergic to the following medications: \_\_\_\_\_

6. My child/ward is allergic to the following foods, materials, etc.: \_\_\_\_\_

**I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.**

Address: \_\_\_\_\_ Phone No(s): \_\_\_\_\_  
(where I can be reached during this activity)

Emergency contact if I cannot be reached \_\_\_\_\_  
Name Phone No.

Pupil's Medical Insurance Carrier Policy Number Address

Parent/Guardian/Caregiver (please print) Signature Date

**Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.**

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Certification of Swimming Ability Waiver, Release and Assumption of Risk for  
Voluntary Activity

Board Policy AR 6153

Name of Student/Participant: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Dates of Trip: From \_\_\_\_\_ to \_\_\_\_\_

As required by District policy, parents/guardians must provide written permission and indicate their child/ward's swimming ability prior to participation in the described activity.

Please check the line which best describes your child/ward's swimming ability:

\_\_\_\_\_ Beginning Level (can swim 5 laps unaided in an Olympic-size pool)

\_\_\_\_\_ Intermediate Level (can swim 20 laps unaided in an Olympic-size pool)

\_\_\_\_\_ Advanced Level (can swim 50 laps unaided in an Olympic-size pool)

\_\_\_\_\_ Junior Life Guard (attach certificate)

\_\_\_\_\_ My child/ward may **NOT** participate in any snorkeling or swimming activities.

By my signature below, I certify that the information provided above is accurate and I hereby give permission for my child/ward to participate in the above-described activity. I realize that this activity is voluntary and is not a mandated requirement of the Palos Verdes Peninsula Unified School District curricular or extra-curricular program. I am aware that participation in this program presents a high risk of bodily injury including, but not limited to, injury by sea animals, drowning or other causes of wrongful death. The undersigned acknowledges being aware of these risks and voluntarily assumes all risks of bodily injury or death that may arise out of or in any way be connected with the above-described activity.

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Certification of Swimming Ability Waiver, Release and Assumption of Risk for  
Voluntary Activity

Board Policy AR 6153

For and in consideration of permitting the named Student to participate in the described activity, the undersigned voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury or wrongful death occurring to the named Student arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

The undersigned expressly acknowledges their intention, by executing this instrument to exempt and relieve the Palos Verdes Peninsula Unified School District, its officers, agents, employees and volunteers from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above described activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Cell Telephone Number

**PERMISSION FOR TRANSPORTATION IN PRIVATE VEHICLE**

(To be completed by parent, guardian or caregiver)

School \_\_\_\_\_

Grade \_\_\_\_\_

Destination \_\_\_\_\_

Date/Time \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to be driven to and from the above  
(Pupil's name)

field trip in a private vehicle, whose driver has provided all appropriate documentation including driver registration information, vehicle information, insurance information, driver statement, and has been approved by the District.

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 or by reason of the field trip or excursion.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s) where I can be reached during this activity \_\_\_\_\_

Emergency number if I am not available \_\_\_\_\_

**GUIDELINES FOR USE OF PERSONAL VEHICLES**

1. A privately owned vehicle may be used to drive pupils to a co-curricular or extracurricular activity or field trip destination only if the vehicle is equipped with seat belts, one set for every passenger. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed (one seat belt per passenger). All passengers and the driver must use seat belts.
2. Pupils may be transported as passengers only as specifically authorized by the District.
3. The driver's vision must be unobstructed at all times.
4. Smoking is not permitted in the vehicle.
5. The driver should follow the most direct route to the destination and avoid unnecessary stops.
6. The limit on the distance for transporting students in private vehicles shall be a radius of 200 miles unless a specific written proposal is approved by the Superintendent or designee.
7. Use of personal vehicles where hazardous road conditions exist is prohibited (including hazardous conditions declared by the California Highway Patrol, or other city, county, state, or federal agencies authorized to monitor road conditions.)
8. Drivers must be 25 years of age.
9. **The Field Trip Driver Registration Form must be completed before a trip is authorized and shall be retained. However, new information must be on file with the Principal at the expiration of insurance or Driver's License. (Note: Driver's License, vehicle registration, and insurance information must be presented at time of completion of the form.)**

**Note:** This form must be kept with the teacher during the entire activity, a copy must be kept on file at the school site, and a copy must be kept with the driver.

Distribution: White-School, Yellow-Teacher, Pink-Driver (to be kept by Driver)

3-801

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY  
ASSUMPTION OF RISK AND  
MEDICAL TREATMENT AUTHORIZATION

Name: \_\_\_\_\_

Destination/Nature of Activity: \_\_\_\_\_  
(Please be specific, e.g., Attend concert at UCLA.)

Purpose of Your Attendance: \_\_\_\_\_  
(Chaperone, etc.)

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method of Transportation: ☐ School Bus/Vehicle ☐ Walking ☐ Other: \_\_\_\_\_

As provided for in *California Education Code* Section 35330, I agree to hold the Palos Verdes Peninsula Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of employees or agents of the District.

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

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

Address: Number Street Work ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

City State Zip Code

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: Number Street Work Phone ( ) \_\_\_\_\_

City State Zip Code Home Phone ( ) \_\_\_\_\_

If there are any special medical instructions, kindly attach an explanation to this sheet.



## PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

### Volunteer Driver Information

<b>DRIVER INFORMATION:</b> <i>(please print)</i>				
Name: _____				
Address: _____				
Street	City	State	Zip Code	
Driver's License Number: _____	/	_____	Date of Birth _____	/
Number		State	Month	/
			Day	Year
Driver's License Expiration Date: _____				
<b>Please attach a current copy of Driver's License, if available.</b>				
<b>VEHICLE INFORMATION:</b> <i>(please print)</i>				
Make: _____		Model: _____		Year: _____
Vehicle License Number: _____				
Registered Owner: _____			Phone Number: (    ) _____	
Address: _____				
Street	City	State	Zip Code	
<b>INSURANCE INFORMATION:</b> <i>(please print)</i>				
Insurance Carrier: _____				
Insurance Agent: _____			Phone Number: (    ) _____	
Address: _____				
Street	City	State	Zip Code	
Policy Number: _____				
Date Issued: _____			Expiration Date: _____	
Limits of Liability: _____				
_____				

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the *California Vehicle Code* on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger while transporting students. I indemnify and save harmless the Palos Verdes Peninsula Unified School District ("District") from any and all claims or causes of action by whomever or wherever made or presented including, but no limited to personal injuries, property damage or death resulting from voluntary transportation activities. I acknowledge that the "District" does not carry insurance for damage of liability on private vehicles. 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 and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear all responsibility for any losses or claims for damages. I certify that I have received and will abide by the driver instructions provided by the "District". I agree to transport no more than the number of persons the automobile is designed to carry, but not more than 10 persons per vehicle.

**I give my permission to allow the Palos Verdes Peninsula Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.**

(Signature)

(Date)

(Name - Please Print)

**CHAPERONE FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – Page 1 of 2**

(To be completed by adult accompanying class/group on trip)

School: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date &amp; Time: \_\_\_\_\_ Return Date &amp; Time: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Return Location: \_\_\_\_\_

**MEDICAL AUTHORIZATION AND WAIVER**

I am aware and acknowledge that any activity covered by this notice and authorization, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for me to participate in the activities covered by this permission slip, I do hereby agree as follows:

1. 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.
2. In the event of illness or injury, I consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services, including all charges not covered by insurance.
4. To indemnify and hold harmless the Palos Verdes Peninsula Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with or result from, any routine and/or emergency medical services, or my participation in any activities covered by notice and authorization.

**A Special Note to Chaperones:**

1. All medications taken by you while participating in the activities covered by this permission form must be prescribed by a physician and registered on this form.
2. \_\_\_\_\_ Check here if you have a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
3. I am allergic to the following medications: \_\_\_\_\_
4. I am allergic to the following foods, materials, etc.: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No(s): \_\_\_\_\_

Medical Insurance Carrier	Policy Number	Address
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In the event of illness or accident, please notify:

Name	Address	Phone
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**CHAPERONE FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – Page 2 of 2**

(To be completed by adult accompanying class/group on trip)

**REQUIRED SIGNATURES:**

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.

I acknowledge that I have read, understand and agree to follow all provisions of Board Policy 6153 and accompanying Administrative Regulations. If a bus is used, I have provided instruction concerning the bus safety evacuation procedures to this trip or plan to provide such instruction prior to the commencement of the trip, as required by TITLE 5, Section 14255.

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Chaperone: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.**

Distribution: White-School, Yellow-Teacher, Pink-Media Services (**approved copy only**)