



FIELD TRIP PERMISSION  
RANCHO BERNARDO HIGH SCHOOL



Trip Purpose: Battle at the Border Place: Cathedral Catholic HS Teacher: Brian Dunlea,  
Lisa Barnett,  
Kate Ramsey  
Date of Trip: Sat, 10/20/18 Time of Departure: na Time of Return: na  
Place of Departure: na Cost: \$0  
Comments: Private auto - event runs, 7am-5:30pm

PRESCRIPTIONS AND NON-PRESCRIPTION MEDICATIONS WILL NOT BE TAKEN ON THIS TRIP WITHOUT AUTHORIZATION FROM THE PHYSICIAN AND PARENT.

Does the student require medication? ☐ No ☐ Yes, Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to Administer \_\_\_\_\_

Is student allergic to any medications? ☐ No ☐ Yes, please indicate: \_\_\_\_\_

Does student have any condition that requires life saving emergency medicine (epi-pen, glucagon, etc)?  
☐ No ☐ Yes, please indicate condition (allergy to food, bees, diabetic or other medical reason) and medicine needed:  
CONDITION: \_\_\_\_\_ NECESSARY MEDICATION: \_\_\_\_\_

In an emergency, we please will attempt to contact the following as appropriate:

First Adult Emergency contact: Name (print): \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_  
Second Adult Emergency contact: Name (print): \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_ (Alter.)

FACULTY NOTIFICATION

(This section must be completed for any classes student will miss)

\_\_\_\_\_ will be participating in a field trip\* to \_\_\_\_\_ on \_\_\_\_\_ during periods \_\_\_\_\_ through \_\_\_\_\_

Course	Work to be completed prior to trip	Teacher	Initials
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

\*REQUIREMENT: Required work not completed prior to trip will receive no credit.

Sponsoring Teacher:

- Health tech must know fieldtrip destination, date, time departure/arrival.
- Health technician must review this form two week before field trip. Health Tech Initials: \_\_\_\_\_
- Attendance Office must receive notice of field trip AND attendance list one day prior to leaving for field trip.

## SECTION 3.38.1 Cocurricular and Extracurricular 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 Rancho Bernardo High School  
(Participant's Name) (Name of School)

Wishes to participate in Battle at the Border  
(activity name or description)

from 10/20/18, 7:00 am to 10/20/18, 5:30 pm  
(date) (time) (am/pm) (date) (time) (am/pm)

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.

\_\_\_\_\_  
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**

**ASSUMPTION OF POTENTIAL RISK AND RELEASE OF LIABILITY  
AGREEMENT FOR VOLUNTARY ACTIVITY**

☐ Cocurricular

☐ Extracurricular

☐ Club

☐ ROP

☐ On Campus

☐ Off Campus

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 below.

**INSTRUCTIONS:** THIS FORM IS INTENDED FOR TRIP PARTICIPANTS SUCH AS STUDENTS, PARENTS, AND APPROVED GUESTS.

I, (Participant's Full Name) \_\_\_\_\_, have voluntarily decided to allow my child/or myself to participate in the activity or activities shown below:

Description of activity: Battle at the Border

Date(s) of activity: 10 / 20 / 2018

Time of Activity: 7 ☒ A.M. ☐ P.M. to 5:30 ☐ A.M. ☒ P.M.

Location: Cathedral Catholic High School 5555 Del Mar Heights Rd., SD, CA 92130

Name of Sponsoring School or Club: RBHS Robotics

If activity is off campus, transportation will be by: ☐ School Bus ☐ Charter Bus ☐ Private Auto ☐ Walking ☐ Airline ☐ Other \_\_\_\_\_  
District policy states that students are not allowed to transport other students to or from activities.

**1. Acknowledgement of Voluntary Participation.** I, and/or participant, understand and acknowledge that my child's or my participation is NOT required by the School District, and that I voluntarily authorize participation in the above activity.

**2. Assumption of Risk.** I, and/or participant, understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks that may be associated with my participation therein.

The activity or activities may be physically demanding, and despite reasonable precautions taken by the School or District, or any of their officers, agents, or employees, to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity, and that these may include but not be limited to:

- |                                 |                        |                  |                      |
|---------------------------------|------------------------|------------------|----------------------|
| •Sprains/strains                | •Communicable diseases | •Fractured bones | •Unconsciousness     |
| •Head, face, or dental injuries | •Loss of eyesight      | •Paralysis       | •Disability or death |
| •Drowning                       | Other: _____           |                  |                      |

I, and/or participant, hereby acknowledge my intention to assume all risks stated above, including others not shown that may arise in connection with the activity.

**3. Release From Liability.** I, and/or participant, hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action against Poway Unified School District, its officers, agents, and employees for all losses, including personal injury or illness, temporary or permanent, wrongful death, property damage or disappearance, or expenses of any kind, that may arise from participant's engagement in, or activities related to the subject event(s), except where the primary cause of the loss is determined to be the gross negligence of the District, or any of its officers, agents, or employees.

**I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.**

*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.*

Date

Signature of Parent or Adult Participant

( ) \_\_\_\_\_  
Home Phone Number

( ) \_\_\_\_\_  
Work or Cell Number

Date

Signature of Student (if over 18 years of age)