Springs Charter Schools

Special Event Field Trip– 2016 Prom

Authorization Form and Waiver

Your child has received Springs Charter Schools approval to participate in a field trip. Under the California Educational Code and Board Policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher, or certified athletic coach in the case of a same day athletic event.

Student Name**:**_____ ES or TOR**:** _____

Program Name: _____ Class or Group: ___Grades 9 -12

Field Trip Name & Address: 2016 Prom, / Air and Space Museum: 2001 Pan American Plaza, San Diego Ca.

Transportation: No School Transportation is provided. Each student is responsible for their own transportation arriving to location by 7:00PM. No Exceptions

Field Trip Date: May 14, 2016 Report Time: 7:00 PM End Time:11:00 PM

Parent/Guardian Email: _____Contact Ph. # _____

Trip Description: 2016 Prom: A Flight Back in Time

Supervising Staff 's Name & Title: *Chaperone:*1. Robin Felix 2. Jim Flowers 3. Niki Wakelin

Please list the names of ALL students, adults attending the field trip:

Cost per student: $ 90.00 Cost per adult: $ 90.00

Name: _____Grade/Age: _____ Adult Chaperone: _____

Name: _____Grade/Age: _____ Adult Chaperone: _____

Name: _____Grade/Age: _____ Adult Chaperone: _____

Name: _____Grade/Age: _____ Adult Chaperone: _____

Name: _____Grade/Age: _____ Adult Chaperone: _____

Total $$ Collected for this field trip: _____ CASH or CHECK #: _____

Make 2 Copies, 1 Stays with the Staff Supervising the Field Trip and 1 Stays on File at the Site.

Springs Charter Schools
Academy/Student Center Day Field Trip Authorization Form and Waiver

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 Springs Charter School for injury, accident, 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 Springs Charter Schools (and their officers, employees, agents), including, but not limited to, claims arising out of any negligence of any officers or employees of Springs Charter Schools, 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.

2. I understand that all students going on this trip will be responsible in conduct to the teachers, bus driver (s), and, if applicable, adult chaperones at all times.

3. I understand that in determining participation in this Activity has educational value, the School has not investigated or approved its safety, the qualifications or financial responsibility to any person or firm involved in the Activity, or the facilities or the equipment used.

4. It is understood that the activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver/release, and assumption of risk is to be binding on my heirs and assigns.

5. 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.

6. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parents' expense.

PARENT/LEGAL GUARDIAN SECTION: **MUST BE COMPLETED by Student's Parent/Guardian**

Authorization to Treat Minor: *In the event that I, or other parent/legal guardian, cannot be reached in an emergency, I hereby authorize a representative of the school 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, including necessary transportation, 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. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING. Below, please place a check mark:*

_____ Check here if there are N O special problems that staff should be aware of.

_____ Check here if your student has critical medical needs/allergic conditions/medication needs. *Please attach special instructions to this form.*

_____ Check here if your student has any special accommodation needs. *Please attach special instructions to this form.*

Parent/Legal Guardian Name(s) and Phone:

Name: _____ Work Phone: _____ Cell: _____

Name: _____ Work Phone: _____ Cell: _____

Emergency Contact Person: _____ Phone: _____ Relationship to Student: _____

Medical Insurance Name: _____ Policy #: _____

Physician's Name: _____ Phone #: _____

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Date: _____ **Parent/Legal Guardian Signature:** _____

CHAPERONES: If agreement has been reached with supervising teacher, and I chaperone students on this trip, I will comply with all Springs Charter Schools' requirements pertaining to the chaperoning of students.

Print Name: _____ Signature: _____

Date: _____ Relation to Student: _____

Make 2 Copies, 1 Stays with the Staff Supervising the Field Trip and 1 Stays on File at the Site.