

MODESTO CITY SCHOOLS

Exhibit

E 6153 A

MODESTO CITY SCHOOLS FIELD TRIP/ACTIVITY TRIP REQUEST FORM

Requesting Person to Complete

School: _____ Date of Request: _____

Teacher/Advisor: _____

Grade/Class/Group/Club: _____ Number of Students: _____

Number of Staff and/or Adults: _____ Total Number of Persons going on Field Trip: _____

Contact Person: _____ Phone/Extension: _____

Purpose of Trip: _____

Destination: _____

Trip Related to What Aspect of Curriculum: _____

Dates Requested: 1st: _____ 2nd: _____ 3rd: _____

Time of Trip: Leaving School: _____ Returning to School: _____

Method of Transportation: Bus: _____ Walk: _____ Other: _____

Cost of the Trip will be Paid by: _____

Substitute(s) Needed: Yes: _____ No: _____ # Needed: _____ Reviewed by School Nurse: _____

Principal's Signature: _____ Approved _____ Disapproved _____

NOTE: APPROVAL REQUIRED PRIOR TO TRIP OR ACTIVITY. PLEASE FORWARD TO THE APPROPRIATE SENIOR DIRECTOR OF ELEMENTARY/SECONDARY EDUCATION WHEN TRIP/ACTIVITY IS OUTSIDE STANISLAUS COUNTY, STATE, OR COUNTRY OR IF THE TRIP REQUIRES A SUBSTITUTE.

For District Use Only:

Actual Date of Trip: _____

Substitute (if requested): Approved: _____ Disapproved: _____

Senior Director of Elementary/Secondary Education:

Signature: _____ Date: _____

Approval from Board of Education (Out of State/Country) Date: _____

Following Confirmation, Principal/Designee Notifies the Following:

Teacher (Date): _____

Facility Personnel (Date): _____

Cafeteria (Date): _____

All Appropriate Forms per AR 6153: _____

Distribution: Senior Director of Elementary/Secondary Education, Principal, School Nurse

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Exhibit

E 6153 B

MODESTO CITY SCHOOLS

PARENTAL AUTHORIZATION FOR STUDENT TO PARTICIPATE IN DISTRICT APPROVED FIELD TRIP WITHIN STATE OF CALIFORNIA

_____ has my permission to attend
(Name of Student)

_____ which will take place
(Activity/Event)

at _____
(Facility) (Location/City)

Date of Event: _____ Class/Group Attending: _____

Time of Departure: _____ Time of Return: _____

Teacher or Leader: _____

Method of Transportation: _____

If Traveling by Automobile, Name of Driver: _____

I understand that all students going on this trip will conduct themselves properly, be responsible to the bus driver, to teachers, and adult sponsors. It is further understood that students will go and return from the event in the transportation provided.

(Parent/Guardian Signature)

(Date)

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Exhibit

E 6153 C

WAIVER OF CLAIMS BY ADULT PARTICIPATING IN FIELD TRIP TO A FOREIGN COUNTRY OR OTHER STATE

TO: _____ School, MODESTO CITY SCHOOLS DISTRICT

As required by Education Code Section 35330, I hereby waive all claims, if any, I may ever have against the MODESTO CITY SCHOOLS DISTRICT and the STATE OF CALIFORNIA for injury, accident, illness, or death occurring during or by reason of my participation in a field trip to _____
(Place or Places)

taking place on _____
(Date(s) and Times)

Person to be Notified in any Emergency:

_____ (Name)	_____ (Phone Number)
_____ (Street Address)	_____ (City)

My Doctor's Name is: _____

Doctor's Address: _____

Doctor's Phone Number: _____

SIGNATURE: _____ Date: _____

Home Address: _____ Phone: _____

MODESTO CITY SCHOOLS

Exhibit

E 6153 D

PARENAL AUTHORIZATION TO PARTICIPATE IN DISTRICT-APPROVED FIELD TRIP TO A FOREIGN COUNTRY OR OTHER STATE AND WAIVER OF CLAIMS

TO: _____ School, MODESTO CITY SCHOOLS DISTRICT

I, the undersigned, am a parent or legal guardian having custody of _____, a
minor pupil in said school. (Name of Child)

I hereby give my permission to said son, daughter, or ward to participate in an off-campus excursion or
field trip outside the State of California.

Date(s) of Event(s): _____

Place(s) of Event(s): _____

I understand that the MODESTO CITY SCHOOLS' DISTRICT does not purchase, or have,
medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify
parents for expenses in connection therewith. Proof of medical insurance must be provided by the
parent or guardian.

As required by EDUCATION CODE SECTION 35330 and upon behalf of myself, my spouse (if any),
and my child, I hereby waive all claims if any, I/we may have against MODESTO CITY SCHOOLS
DISTRICT and the STATE OF CALIFORNIA for injury, accident, illness, or death occurring during or
by reason of the field trip or excursion. In the event I am not available in an emergency, please notify:

(Name) (Address) (Phone Number)

My Child's Doctor is: _____

Doctor's Address: _____

Doctor's Phone Number: _____

(Parent or Guardian Signature) (Date Signed)

(Parent or Guardian Address) (Phone Number)

MODESTO CITY SCHOOLS

Exhibit

E 6153 E

MODESTO CITY SCHOOLS

PARENTAL DELEGATION OF AUTHORITY TO CONSENT TO MEDICAL OR DENTAL TREATMENT FOR MINOR CHILD (CIVIL CODE SECTION 25.8) (EXTENDED DAY, OVERNIGHT, OUT OF STATE/COUNTRY)

TO: _____ School

We, the undersigned are the parents/guardian of _____,
(Student's Name)

birthdate _____, a minor, or I, the undersigned, am the sole parent having
legal custody of said minor, or I, the undersigned, am the legal guardian, pursuant to order
of the court, of said minor.

We, or I, hereby authorize any adult into whose care said minor has been entrusted to
consent to X-ray examination, anesthetic, medical, surgical, or dental diagnosis, or
treatment and hospital care upon the advice of a physician, surgeon, or dentist licensed
under the Medical Practice Act or Dental Practice Act.

Child's Blood Type: _____

Child's Medication Allergies (if any): _____

Special Instructions/Health Problems: _____

Date Signed: _____

(Father, or Legal Guardian, if any, Signature)

City: _____

(Mother's Signature)

(Witness' Signature)