

TRIP PERMIT FOR SENIORS ONLY

The activities described below are entirely **VOLUNTARY**. If you, your child, or other invited guests 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.

I, (Parent/Guardian Full Name) _____, have voluntarily decided to allow to my child (Participant's Name), _____ a student at **WESTVIEW HIGH SCHOOL** to participate in the activities listed below:

My student wishes to participate in the following activities:

- Senior Harbor Cruise: September 17, 2022 from 6:30 pm to 10:00 pm **parent initials:** _____
- Sunset Picnic: June 8, 2023 from 5:30 pm to 7:00 pm **parent initials:** _____

Transportation will be provided by:

- Harbor Cruise & Picnic – Private Auto

District policy states that students are not allowed to transport other students to/from extracurricular activities.

Acknowledgment of Voluntary Participation. I understand and acknowledge that my child's participation is NOT required by the school district and that I voluntarily authorize participation in the above activities.

Assumption of Risk. I 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 participation. The activities may be physically demanding, and despite reasonable precautions taken by the school or district, or any of the officers, agents, or employees, to protect the participant, there are certain risks of personal injury and or/illness inherent in the activity, and these may include but not be limited to:

- Sprains, Strains, Head/Face/Dental Injuries, Loss of Eyesight, Fractured Bones, Paralysis, Drowning, Unconsciousness, Disability, or Death.

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 treatment might be deemed necessary for my child.

Date Signature of Parent or Guardian

Home Phone Number

Student's Name

Date

*Sponsoring Teacher: ASB and DJ Sosnowski

STUDENT MEDICAL INFORMATION

We will attempt to contact the following as appropriate:

Family Doctor

Phone Number

Health Insurance Carrier

Health Insurance Card Number

Emergency Contact (other than parent)

Phone Number

Parent Signature for Consent Parent

Parent/Guardian Number

PRESCRIPTIONS AND NONPRESCRIPTION MEDICATIONS SHALL NOT BE TAKEN ON THIS TRIP WITHOUT AUTHORIZATION FROM THE PHYSICIAN AND THE PARENT.

Are medications required for this activity: (Circle one) Yes No

If "Yes" please indicate:

Medication: _____

Dosage _____

Time to Administer _____