

Date Received by School:

STUDENT FIELD TRIP AUTHORIZATION

No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip. Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

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Student Name:	Address:
Grade:	DOB:
School: George Washington Carver HS	Home Telephone:
Emergency Contact & Telephone No.:	
Field Trip Destination:	America River College Clean Diesel 10115 Spaatz Way, Mather, CA
Date of Trip:	Wednesday, 11/16
Expected Departure Time:	10:45
Expected Return Time:	2:15
Method of Transportation:	walking
Supervising Teacher/Sponsor:	Alessandri, Jenks, Fain, Roberto, Drawdy, Poladi, Llorente
Medical Conditions/Medications:	
in the Field Trip, under the supervision of the Sprovided in the described manner (which may in 2. California Education California Educ	Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be aclude transportation in non-District owned/operated vehicles). Code Section 35330 states that: "All persons making the field trip or excursion that the district or the State of California for injury, accident, illness, or death rexcursion." I understand and agree that I cannot hold the District, its officers gout of, or which is in some manner connected with, the Student's participation estate Field Trips must also sign a statement waiving such claims.] Cher or Sponsor will discuss Field Trip rules and safety requirements with Trip, which may include dangerous or hazardous conditions or circumstances, potentially including death. Students are required to obey all rules and safety of Conduct and general standards for respect of persons and property and good of the Student to follow Field Trip rules or safety requirements may result in the lat the Student may be barred as a result from future Field Trips.
(Provide updated information before the trip, if Supervising Teacher, Sponsor or chaperone has urgent or emergency care, including the transpectir current or emergency care provider has my expu	information regarding the Student is on file with the District and is current for necessary). If an injury or medical emergency occurs during the Field Trip, as my express permission to administrator or to authorize the administration of ortation of the Student to an urgent care or emergency care provider. In such a cy Contact of the injury or medical emergency may be delayed. Therefore, any ress authority to conduct diagnostic or anesthetic procedures, and/or to provide as they may deem reasonable or necessary under all existing circumstances. All esolely my responsibility.
Parent/Guardian Printed Name Sig	nature Date

Supervising Teacher/Sponsor shall take a copy of this form on the Field Trip/The original Form will remain on File with the Main Office for a period of no less than one (1) year after the date of the Field Trip

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