

Santa Ynez Valley Charter School

Educational Field Trip Permission and Release Form

Dear Parents/Guardians:

Date Sent:

On _____ your child’s class will be going on an educational field trip to _____ . We expect to leave campus at _____ and return by _____ .
Transportation will be provided by _____ .

The purpose of this field trip will be _____ .

_____ has my permission to participate in the educational field trip sponsored by the Santa Ynez Valley Charter School. In granting such permission, I hereby release waive, discharge and covenant not to sue Santa Ynez Valley Charter School Inc., or its employees, officers and agents from all liability to the student or to the undersigned, whether caused by any negligent act or omission or otherwise, and hereby assume the risk of my child’s participation in the activity. I further declare that no promise, endorsement or agreement not herein expressed has been made to the undersigned. The undersigned expressly agrees that the foregoing release, waiver and assumption of risk is intended to be as broad as permitted by California law.

Students that receive a Level 1 or Level 2 three weeks prior to a fieldtrip or are suspended, or have committed other serious violations of our discipline policy, will not be allowed to take part in field trips. Any student missing significant amounts of school work, including homework, will not be allowed to attend fieldtrips. Refunds for most fieldtrips are not guaranteed as pricing and reservations are based on numbers.

In the event of an accident or other emergency, when a parent is not available, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the named physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician _____
Name Address Phone

Please check here if we should refer to your child’s emergency card and health record for special medical information. _____

**This waiver must be signed and dated for all field trips.
I have read and agree to the terms set forth by this the foregoing and understand it.**

Signature (parent/guardian) Date

Parent’s home phone number: _____ Other daytime phone: _____

Drivers of Private Vehicles: If you are driving, SYVCS must have a copy of your driver’s license, and current insurance verification.