

Granada Hills Charter High School
Trip slip for Transportation by private Auto
PARENT CONSENT FOR FIELD TRIP, MEDICAL AUTHORIZATION
AND STUDENT TRANSPORTATION

To the Executive Director of Granada Hills Charter High School (GHCHS):

PERMISSION TO PARTICIPATE

_____ has my permission to participate in the school curricular trip to _____ (location) on _____ (date).

Departure Time: _____ a.m./p.m. Return Time: _____ a.m./p.m.

Supervising Teacher(s): _____

Non-Certificated Chaperones as needed _____

PARENTS - PLEASE NOTE: California Education Code, Section 35330 in part provides: *All persons making the field trip are deemed to have waived all claims against the District and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip. In addition, if the field trip is outside the State of California, all adults participating in the field trip and all parents or guardians of pupils taking the out of State field trip are required to sign this statement waiving such claims.*

I agree to direct my child to cooperate and conform to all rules and regulations governing conduct on this trip. Any violation of these rules and regulations may result in the school contacting the parents/guardians and arranging transportation home for the child at the parent/guardian's expense. I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the School in writing.
3. Revocation is not effective until receipt is acknowledged by School.

Parent/Guardian Approval Signature

Date

MEDICAL AUTHORIZATION

Should it become necessary for my child to have medical treatment while participating in this trip, I hereby give GHCHS personnel permission to use their judgment in obtaining medical service for the child and I hereby give my permission to the physician selected by GHCHS personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that GHCHS has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

A special note to parents/guardians:

- 1) Please check here if special instructions regarding medical treatment are on file with GHCHS.
- 2) All medications must be registered on this form with a physician's written instructions on dispensing. _____
- 3) All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by GHCHS staff.

Check here if no blood transfusions or blood products are to be given.

Student's Full Name _____ Student's DOB _____

Student's Address _____

Street City Zip

Home Telephone Number: _____ Business Telephone Number: _____
 (Area Code) Phone Number (Area Code) Phone Number

Cell Phone Number: _____ Other Emergency Telephone Number: _____
 (Area Code) Phone Number (Area Code) Phone Number

Parent/Guardian's Name: (please print) _____

Parent/Guardian's Signature: _____

ADVANCE NOTIFICATION OF ABSENCE (Required Teacher Signatures if the trip is during school hours)

Teachers: Please acknowledge this student's absence by signing next to the class period in which he or she will be absent. _____ requests to be excused from your class. He or she understands missed work is to be made up. **To be valid the student must obtain all teacher signatures 10 days prior to the absence.**

Trip Sponsor: Obtain trip approval, sign below in the grey box and cross out periods not covered by this request.

Date of School Trip: _____ Approved by: _____ (administrator)

Period	Teacher's Signature	Period	Teacher's Signature	Period	Teacher's Signature
0		3		6	
1		4		7	
2		5		Sponsor	

Meals

Meals-Please Circle one
<input type="checkbox"/> Pupil will be at school during Nutrition
<input type="checkbox"/> Pupil will be at school during Lunch
<input type="checkbox"/> Pupil should bring snacks/sack lunch GLASS CONTAINERS NOT PERMITTED
<input type="checkbox"/> OTHER:

Method of transportation: PRIVATE AUTO

FOR THE DRIVER (Driver must be 18 year or older):

TO BE COMPLETED BY THE DRIVER BEFORE PARENT OF THE RIDER SIGNS BELOW

Private Vehicle Driver's Liability Insurance Certification:

Name of driver _____

I hereby certify that I have automobile liability insurance, which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover myself and all passengers riding in the automobile in connection with the following school activity:

School Trip to: _____
Location/Event

My automobile insurance company is: _____

My automobile insurance policy number is: _____

My California Driver's License number is: _____

Home Address: _____
Street City Zip Code

TO BE COMPLETED BY PARENT IF A GHCHS STUDENT IS DRIVING

Circle one: **GHCHS student in over 18** **GHCHS Student is under 18**

Parent Authorization for Student to DRIVE a Private Vehicle in Connection with a School Activity:

_____, _____, has my permission to drive his/her/our
Name of Student DOB

Vehicle, and transport other students to _____
 on _____ at _____, _____
Date Time Location/Event

The vehicle to be used for this trip is a _____ and has a capacity of _____ people*.
Vehicle Make and Model

***Under no circumstances will pupils be transported in the cargo space of trucks or vans.**

I have read and understand the foregoing and agree to waive the right to file my claim against GHCHS. I certify that the above named driver has a valid California Driver's License and that the vehicle designated is currently insured with liability meeting the State of California minimum required by law. (\$15,000/\$30,000)

Parent/Guardian's Signature Student Driver's Signature Date

PARENT AUTHORIZATION FOR GHCHS STUDENT TO RIDE IN A PRIVATE VEHICLE IN CONNECTION WITH A SCHOOL ACTIVITY:

School bus transportation is NOT provided for this trip; therefore I authorize my child to use the following mode of transportation to participate in the event named on the front of this form:

Please circle - Ride in a private vehicle driven by a non-student/parent/guardian:
Driver must be 18 year or older

Please circle - Ride in a private vehicle driven by a GHCHS student:
Driver under 18 Driver Over 18

In doing so I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against GHCHS, the Governing Board of GHCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

Parent/Guardian's Signature Date

Parent/Guardian's Signature GHCHS Student Driver's Signature Date