



**PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD STUDY AND  
AUTHORIZATION FOR MEDICAL CARE AND LIABILITY WAIVER**

To the Directors of SCVi:

\_\_\_\_\_ has my permission to attend and participate in

(Student Name: please print)

all school sponsored field study programs that I purchase from our field studies coordinator. I understand the departure time and return times listed on the monday message are estimates. If my child arrives late they forfeit participation and no refunds will be issued. Furthermore,

I understand that the students will be supervised by at least one iLEAD FACILITATOR with the assistance of several parent volunteer chaperones.

I understand the method of transportation will be via a contracted school bus or parent driven in private auto. (parent drivers will have completed parent chaperone training and have proper proof of insurance)

**AUTHORIZATION FOR MEDICAL CARE and LIABILITY WAIVER**

Should it be necessary for my child to have medical care while participating in this off site activity, I hereby give iLEAD and SCVi personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the personnel to render medical care deemed necessary and appropriate by the physician or emergency medical personnel. I also understand and agree to hold harmless iLEAD and SCVi personnel from any personal or financial liability. Field trips are conducted under constant, direct and immediate supervision of designated school authorities. Injuries sustained while not under direct and immediate school supervision are not covered.



**PLEASE INITIAL HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.**

Student Name:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Parent(s) cell number(s):

\_\_\_\_\_

Emergency telephone numbers:

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature of Parent or Guardian

\_\_\_\_\_

Parent or Guardian's Name (please print) with DATE

**PARENTS PLEASE NOTE:** Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip excursion."



### TRANSPORTATION WAIVER FORM

Permission is granted for \_\_\_\_\_  
(Student Name: please print)

as part of his/her studies at SCVi to participate in the school field study trip.

I further authorize my child to ride via a contracted school bus.

Check if authorized: \_\_\_\_\_ Check if **NOT** authorized: \_\_\_\_\_

I also authorize my child to ride via a private vehicle with a SCVi parent driver who has provided required documentation of license and insurance.

Check if authorized: \_\_\_\_\_ Check if **NOT** authorized: \_\_\_\_\_

In so doing, I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against iLEAD, the school, SCVi, and its teachers, staff or other paid or volunteer personnel, arising out of, in connection with, or resulting from the above school activity.

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\_\_\_\_\_  
Authorized Signature of Parent or Guardian

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\_\_\_\_\_  
Parent or Guardian's Name (please print) with DATE

**Please attached a copy of both sides of your child's health insurance card**