



**Emergency Info/ Agreement/ Waiver and Release
(Required for all students participating in a field trip)
Second copy to stay at ECEF**

Field Trip Requested:----- Field Trip Date:-----

List each person attending field trip:

Student Name/ Age: -----

Parent/ Guardian Name: ----- Attending? Circle One: Yes --- No---

Mailing Address: -----

Home Phone #: ----- Cell Phone #: -----

E-mail Address: -----

Please initial below to indicate required action in the accident or emergency:

In the event of accident or emergency, when a parent/ guardian is unavailable, I hereby authorize a representative of the school to make such arrangement as he/she considers necessary for my child to receive medical/hospital care, including necessary 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 that said physician is not available at any time, I authorize such care and treatment to be performed by a licensed physician or surgeon. **THE UNDERSIGNED PARENT/GURDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS RESULT OF THE FOREGOING.** ----- (Parent initials)

Physician's Name: ----- Phone #: -----

Medical Insurance: ----- Policy #: -----

Information: Education code section 35330 authorizes the governing board of any school district to conduct a field trips or excursions for students in connection with courses of instruction or school related social; educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary.

Waiver: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against ECEF for injury, accident, illness, or death occurring or by reason of the field trip or excursion. All adults are taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims". I acknowledge that my participation in this Activity is not required by "the School", or any teacher or employee of "the School" and is voluntary. I understand that in determining that participation in this Activity has educational value," the school has not investigated or approved its safety, the qualifications or financial responsibility of any person or firm involved in the Activity, or the facilities or equipment to be used. In addition "the School" has not provided or approved transportation to or from this Activity. All participants are expected to secure their own transportation to and from the Activity. I hereby waive, release and discharge "the School" from any and all claims for damages or personal injury, death, or property damage which I may have, or which may hereafter occur as a result of my participation in the Activity. It is understood that the Activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

My signature on this form shall constitute an informed and knowing waiver as required by law. I acknowledge that I have carefully read this agreement, waiver, and release and fully understand its contents, and have provided emergency information. I am aware that this release of liability is a contract between myself and "the school". My signature below also authorizes my student(s) to participate in this voluntary group Field trip.

Parent/Guardian's Signature: -----Date: -----

Student's Signature: -----Date: -----