

PART C: STUDENT BEHAVIOR AGREEMENT

All field and activity trips have certain inherent problems and dangers involved which make cooperation, responsibility and good behavior mandatory for the good of all involved. The field and activity trip described above is a privilege. Students are considered to be in school during the course of the trip and are acting as representatives of the school to the general public.

California Education Code, Board Policy and District Guidelines for Discipline will all be in effect.

Any student possessing alcohol, nicotine or other drugs (except medications as listed on the Medical Information Form) may be sent home at parents' expense and the student may be dropped from his/her _____ class or activity.

I have read, understand and acknowledge the above statements and realize the potential consequences. I agree to cooperate with all personnel involved in the field and activity trip. (This form must be signed by both the student and parent/guardian.)

Student Signature

Date

Parent/Guardian, please initial here: _____

PART D: MEDICATION AUTHORIZATION FORM

SECTION A: EMERGENCY INFORMATION

MEDICAL TREATMENT

If a serious emergency arises, it might be necessary for a physician to attend to your student before someone can contact you. Such care can be provided only if you **sign the AUTHORIZATION below**.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, as a parent or guardian of a student who will be attending this school sponsored trip, I understand that it is not the same physical environment as a traditional school. There may be certain inherent hazards, including natural and man-made conditions at the site which may result in physical injury, harm, damage or death. I understand that there is no warranty or guarantee of my student's safety or security.

I hold the school district, its officers, agents and employees, harmless from any and all liability or claim which may arise out of or in connection with my student's participation in this school sponsored trip and I waive all claims against the school district for injury, accident, illness or death occurring during or by reason of my student's participation (Ed. Code 35330).

FIRST AID: In the event that your student requires minor first aid, a school sponsored trip Teacher, Chaperone, or Administrator, will render treatment as necessary in accordance with standard first aid practices.

TRANSPORTATION: I may be contacted to transport my student home due to illness or misconduct.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

SECTION B: STUDENT RESTRICTIONS: Is there any reason for limiting or accommodating your student's activities? (e.g., injury, Asthma, etc.): _____

Please list any food allergies, dietary restrictions or concerns: _____

SECTION C: PRESCRIPTION MEDICATION

If your child is NOT travelling with medication PLEASE INITIAL HERE (No additional information needed): _____

If you are sending any medication for your student, then you **must**: 1) indicate the type of medication(s); 2) sign where indicated; and 3) obtain your doctor’s signature.

IMPORTANT: You must ensure that all medications are FDA approved for use in this manner, properly labeled, and in their original containers. For students to be given these medications. Parent/guardian (Section 5) AND physician (Section 6) signatures are BOTH REQUIRED.

Medication Name	Dose	Method-eg: by Mouth	Times	Permission to carry Inhaler, EpiPen and/or Glucagon	
				Yes	No

Possible side effects that need to be reported to the physician (e.g., allergic reaction): _____

SECTION D: NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION SECTION

The above named student is approved to carry and self-administer the following medications, as needed, in accordance with the directions on the packaging. Please Check “Yes” or “No”.

Student is competent to self-administer the Over the Counter drugs indicated below. Physician Initial: _____

Medication	As needed for	Yes	No	Medication	As needed for	Yes	No
Ibuprofen (Motrin/Advil)	Pain			Cough/Throat lozenges	Cough/sore throat		
Acetaminophen (Tylenol)	Pain			Decongestant	Stuffy Nose		
Diphenhydramine (Benadryl)	Allergic Reaction/Rash			Antacid	Upset Stomach		
Other:				Other			

Comments: _____

SECTION E: PARENT/GUARDIAN CONSENT AND AUTHORIZATION

I, the undersigned, the parent/guardian of the above named student, request my student be assisted with or administered the medication listed above in accordance with the California Education Code (Education Code 49423). I will:

1. Provide all prescription medications, supplies and equipment.
2. Notify the school if there is a change in the student’s health status or attending physician.
3. Notify the school immediately and provide a new consent for any changes in the doctor’s orders.

I ACKNOWLEDGE IF MY STUDENT CARRIES AND ADMINISTERS HIS/HER OWN MEDICATION (i.e., Inhaler, Epi-Pen, and/ or Glucagon) WITH PERMISSION NOTED IN SECTION 2 ABOVE; IT MUST BE ON HIS/HER PERSON AT ALL TIMES DURING THE FIELD TRIP.

I authorize the school to communicate with the Authorized Health Care provider if necessary in regards to the above medication/medical condition.

I hereby authorize a school nurse or trained unlicensed designated school personnel to administer or assist in the administration of the above prescription medications and/or over-the counter medications (as needed).

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SECTION F: PHYSICIAN CONSENT AND AUTHORIZATION

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to CA state laws and regulations. I understand that a school nurse or trained unlicensed designated school personnel may administer or assist in the administration of the above medication(s). This authorization is valid for one year. If changes are indicated, I will provide new written authorization (may be faxed).

PHYSICIAN SIGNATURE: _____ **DATE:** _____ **STAMP:** _____

*****BELOW IS FOR SCHOOL USE ONLY*****

MEDICATION LOG – FOR COMPLETION BY SCHOOL

This is the chart that will be used to log any medication given to your student. It will be returned to school after the trip. When a medication is given, the staff member will write the time and their initials in the chart and will fill out the bottom section.

Medication	Dose	Frequency	Date	Date	Date	Date	Date	Date	Date

Printed Name	Initials	Signature	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT
FIELD AND ACTIVITY TRIP PRIVATE CAR TRAVEL CHECK**

I, _____ will be using the automobile described below to

Name of Driver _____
transport students to _____ for _____
Activity/Sport Event/Season

VEHICLE MAKE: _____
YEAR AND MODEL: _____
VEHICLE LICENSE NUMBER: _____

Check Box if Requirement is Satisfied

Valid Driver's License

Driver's License Number Expiration Date

Proof of Insurance (Must be in Automobile)

Insurance Company Policy Number Expiration Date

MINIMUM COVERAGE: \$5,000/person – Medical Payments
\$50,000/accident – Property Damage Liability
\$100,000/person and \$300,000/accident-Bodily Injury Liability
Private coverage will be primary.

Safety Check (self-check)
The following have been inspected and are in safe working condition:
Tires _____ Brakes _____ Lights _____ Turn Signals _____

Seat Belts
A seat belt is available for each passenger. Each passenger will be required to wear a seat belt.

Driving Record
I certify that I have not had a moving violation or had my license suspended during the last three years.

Date _____ Signed: Vehicle Driver _____

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/herself and students. I certify that the information provided above is correct. I understand that my insurance, as described above, provides primary coverage.

Date _____ Signed: Vehicle Owner _____



LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT

AGREEMENT WITH AND RELEASE OF LIABILITY

(Student over the age of 18)

I, the undersigned certify that I am over the age of 18 years and I desire to participate in _____
_____ (field and activity trip).

In consideration of the benefits provided by the School District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the School District, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the School District or any of its officers, agents, employees or volunteers as a result of my participation in the class, event, sport or activity set forth above.

In addition, I hereby release the School District, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or may hereafter at any time have for injury or damage: (1) resulting from the dangerous or other condition of any School District facility or property; (2) suffered by me while participating in or traveling to and from the class event, sport or activity set forth above; or (3) suffered by me in any other activity associated with the class event, sport or activity.

I agree that the School District makes no representations or warranties as to the repair or condition of the property or facilities which I will be using, and I take such property and facilities "as is". I further agree that it shall be my obligation, not the School District's, to assure that the property and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not School District's, to inspect such property and facilities before they are used and to take affirmative steps to repair, or where necessary, warn, in order to prevent injury to person or property.

Pursuant to California Education Code Section 35330(d), I hereby waive all claims against the School District or the State of California for injury, accident, illness or death occurring during or by reason of the class, event, sport or activity set forth above.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a legally binding contract between the School District and me, and I sign it of my own free will.

Printed Name

Signature

Date_____