



One Sierra Gate Plaza, Roseville, CA 95678

www.johnadamsacademy.org

# PERMISSION SLIP

## FIELD TRIP PERMISSION/ EMERGENCY INFORMATION

Please complete & return by: \_\_\_\_\_

Requested Donation \$ \_\_\_\_\_

*Donations are non-refundable.*

### FIELD TRIP DETAILS

Teacher/ Advisor:	Field Trip Destination:		
Departure Date:	Time:	am/	pm
Return Date:	Time:	am/	pm
Transportation:	<input type="checkbox"/> Walking	<input type="checkbox"/> Private Vehicles	<input type="checkbox"/> Commercial <input type="checkbox"/> Public

Field trip occurs during your scholar's regularly scheduled meal time(s) for: LUNCH BREAKFAST N/A

### EMERGENCY INFORMATION

Scholar:	Scholar Cell #:
Parent/Guardian:	Parent/Guardian Cell #:
Parent/Guardian Home #:	Parent/Guardian Work #:
Physician's Name:	Physician's Phone #:

### FIELD TRIP MEALS

*\*If lunch and/or breakfast is marked above, please check the appropriate statement:*

Please provide an Academy provided field trip meal(s) during the field trip.

Scholar has a food allergy.

Scholar will bring a bagged meal(s) on this field trip.

### HEALTH INFORMATION

Please check the appropriate statement regarding scholar's health:

Scholar has no known health problems.

Scholar has health problems and the required medical/medication plan is on file with the Academy.

### DRIVER INFORMATION \*Must return by deadline to be eligible.

I am currently a JAA authorized driver and would like to be a driver for this field trip.

I am not a JAA authorized driver, and would like to become one for this field trip.

### FIELD TRIP AUTHORIZATION

WAIVER: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (Education Code Section 35330) I acknowledge and agree that as a condition of my participation/my child's participation, this waiver of all claims shall be extended to any and all claims against the Academy, its employees and volunteers, its governing board, the individual members thereof, and all other Academy officers, agents and employees. Further, I agree to indemnify and hold harmless the Academy, its employees and volunteers, its governing board, the individual members thereof, and all other Academy officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this excursion/field trip or event. I understand that participation in this field trip involves a certain degree of risk. I have carefully considered the risk involved and consent for scholar to participate in the field trip.

My signature below authorizes scholar to participate in the field trip:

PARENT/GUARDIAN/ADULT SCHOLAR NAME (PRINTED): \_\_\_\_\_

PARENT/GUARDIAN/ADULT SCHOLAR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Original form to be carried by person transporting scholar*

*Copy to be brought to the office prior to trip.*

*Teacher to return original form to office after field trip.*

## SCHOLAR FIELD TRIP DRIVER AUTHORIZATION

By signing below I, \_\_\_\_\_, will abide by the rules and standards  
(Name of scholar)

set forth by John Adams Academy and agree to:

(Please initial each)

- \_\_\_\_\_ travel straight to the field trip and back to the Academy without any unauthorized stops.
- \_\_\_\_\_ no unauthorized passengers. (including other scholars)
- \_\_\_\_\_ arrive to the field trip on time.
- \_\_\_\_\_ not leaving early from the field trip unless released by a John Adams Academy representative.

**SCHOLAR NAME (PRINTED):** \_\_\_\_\_

**SCHOLAR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

My signature below authorizes my child to transport him/herself on the field trip:

**PARENT/GUARDIAN NAME (PRINTED):** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_