



**FIELD TRIP/EXCURSION INFORMATION**  
(to be kept by Parent/Guardian)

**TO BE COMPLETED BY TEACHER**

Destination: _____
Address: _____

School or Center: \_\_\_\_\_

Departure - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Departure: \_\_\_\_\_

Return - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Return: \_\_\_\_\_

Class/Group Attending: \_\_\_\_\_

Name(s) of Classroom Teacher(s): \_\_\_\_\_

Teacher Supervising Trip: \_\_\_\_\_

Emergency Contact # During Trip: \_\_\_\_\_

<p><b>The field trip will involve the following:</b> (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim/water activities permission required)</p>	
<p><b>Mode(s) of transportation:</b></p>	
<p><b>Student needs to bring:</b></p>	

Insurance Notice to Parents: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at [Rebecca.Cingolani@ousd.org](mailto:Rebecca.Cingolani@ousd.org).



**STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP**  
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for my daughter/son/ward \_\_\_\_\_  
(Name of Student – please print)

to participate in a field trip on Date(s): \_\_\_\_\_ to \_\_\_\_\_  
to: \_\_\_\_\_

Emergency Number(s) for Parent/Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Student Health Conditions**

Severe Allergy to: \_\_\_\_\_  Student has an Epi-pen at school

Asthma  Student has an inhaler at school  Diabetes  Student has medication at school

Seizures  Student has medication at school  Sickle Cell Anemia  Student has medication at school

Other condition(s): \_\_\_\_\_  Student has medication at school

Medications needed during the school day: \_\_\_\_\_

Medications needed after school hours: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name<sup>1</sup>: \_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_

**Swim/Water Activities Permission** – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes:  No:

My child's swimming ability is (check one): Beginner  Intermediate  Advanced

**Authorization to treat minor:** In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

\_\_\_\_\_  
Parent or Guardian Signature Print Name Date

**FOR HIGH SCHOOLS ONLY:** With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

\_\_\_\_\_ My high school student has my permission to arrive at and/or leave the destination on his/her own: \_\_\_\_\_ arrive \_\_\_\_\_ leave

\_\_\_\_\_  
Parent or Guardian Signature Print Name Date

**CHAPERONE AGREEMENT:** If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip. (See [ousd.org/volunteer](http://ousd.org/volunteer) or email [volunteers@ousd.org](mailto:volunteers@ousd.org).)

\_\_\_\_\_  
Parent or Guardian Signature Print Name Date

**Important Notice:** California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School 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).

<sup>1</sup> OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities. Legal Rev. 7/26/2021