

Murrieta Valley Unified School District

**VOLUNTARY EXCURSION/FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION - ADULT**

*To be completed by adult (including adult students) and collected/maintained by teacher / trip organizer*

Adult's Name: \_\_\_\_\_

Activity (e.g.: "Field trip"): \_\_\_\_\_

Destination: \_\_\_\_\_

Departure date and time: \_\_\_\_\_ Return date and time: \_\_\_\_\_

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 judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.**

By my signature below, **I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk** of becoming exposed to or infected by COVID-19 and accept sole responsibility for any injury to my child(ren), myself or my family (including, but not limited to, personal injury, disability, and death) and shall defend, indemnify and hold harmless the Murrieta Valley Unified School District, its Board, officers, agents and employees against any and all claims, demands, losses, damages, court costs, attorney fees, expenses, or costs of any kind or character, as it relates to COVID-19.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Subscriber's ID #: \_\_\_\_\_

In the event of illness or accident, please notify:

Name: \_\_\_\_\_ Relation, if any: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Any information we should be aware of: \_\_\_\_\_

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### Guidelines for Chaperones

Murrieta Valley Unified School District  
41870 McAlby Ct.  
Murrieta, CA 92562  
(951) 696-1600

- All adults on a field trip and interacting with our students are **chaperones and are under the direction of the teacher** who is in charge of the class or group they are accompanying. The teacher will determine the schedule, chaperone group assignment, etc.
- Chaperones may ride on the bus, but must complete a *Field Trip Permission Slip – Adult* version to do so. If they drive themselves in their own vehicle and are transporting their own child to the destination, they must complete a *Student Voluntary Transportation* form.
- Any parent who wishes to allow their child to ride in the personal vehicle of another adult must also complete a *Student Voluntary Transportation* form.
- The rules of the school for children and adult apply on a field trip as they do for the school grounds. Two examples – there is to be no smoking during the hours of the field trip, and there is to be no alcohol available or consumed during the field trip. All school rules are in place and enforced.
- Any incident of misbehavior by a child during a field trip is to be reported to a teacher who will deal with it and make appropriate referrals after the trip.
- All chaperones have the responsibility to intervene in any situation where the health and/or safety of any of the children is at risk.
- Children of chaperones (other than the children in the class scheduled for the field trip) are not allowed to attend the event, as this distracts the chaperone from their primary responsibility of supervising students. Parents who bring their non-student children to the event location may not act as chaperones, and are not considered as participating in the field trip.

**I have read and understood the above expectations for chaperones and agree to abide by them.**

Chaperone Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_