



**WEST
HILLS**
COMMUNITY
COLLEGE
DISTRICT

300 CHERRY LANE, COALINGA, CA 93210

FIELD TRIP PERMIT

The District has authorized the following _____ in-state; _____ out-of-state **field trip**: (description of trip)

Waiver: California law provides: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (California Title V section 55220, h., Education Code section 35330.) My signature on this form shall constitute an informed, voluntary and knowing waiver as set forth in California Title V 55220 and Education Code section 35330.

By my signature below, I hereby waive and release, all claims against the West Hills College Coalinga and its employees and agents, and the West Hills Community College District, its board, officers, employees and agents, for injury, accident, illness, or death arising out of or in any way related to the field trip. By my signature below, I further waive and release any and all claims against the West Hills Community College District, its employees, agents, and its board, officers, and employees that I, and or any other individual, may bring for any and all injury, accident, illnesses, or death arising out of or in any way related to the field trip.

All adult students / parents or guardians of minor students taking field trips are required to sign this field trip permit form, this form is to be completed BEFORE the trip and MUST be on file with the Dean or Administrator in charge of the department participating in the field trip activity.

ADULT STUDENT SIGNATURE:

Student Name: _____ Signature: _____
Please print name

Date: _____ Home Phone # () _____

Emergency Contact Phone # () _____

PARENT or GUARDIAN OF MINOR STUDENT TAKING TRIP:

Student Name: _____ Parent/Guardian _____
Please print name Please print name

Parent/Guardian _____
Signature

Home Phone # () _____ Work Phone # () _____

**** FOR ANY MINOR AGED STUDENT – the Parent or Guardian of the student must complete and sign Page 2 .**

PLEASE CHECK 1 OR 2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

() 1. In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements 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 said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician's Name _____ Phone # () _____

Medical Insurance Name (Kaiser, etc.) _____ Record # _____

() 2. I do not choose the above statement and desire the following action to be taken _____

DATE OF TRIP: _____

TIME OF DEPARTURE: _____

TIME OF RETURN: _____

My signature below authorizes the above action to be taken in the event of an accident or emergency in the field trip described above.

** Parent/Guardian Signature _____ Date _____

If you have any questions, you may call (559) _____. On the day of the trip, you may contact staff at the following numbers for arrival information, emergencies, etc. Please keep these numbers for emergencies: Phone #: (559) _____