SANTA ROSA ACADEMY
PARENT PERMISSION FORM

Student Participation in Off-Campus Activity/Field Trip

SANTA ROSA ACADEMY *may conduct field trips or excursions for students in connection with courses of instruction or school related social, educational, cultural, athletic or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education. Participation is voluntary.*

School Year: **2024-25**

Destination: **Peltzer Pumpkin Farm** Supervising Teacher: **Mariel Landini/Kirsten Cabral**

Date of Activity: **October 28, 2024**

Departure Time: **10:00 am** Return Time: **2:45 pm**

Type of Transportation: **Bus**

Students will need:

Lunch:
-School lunch will be provided for those students who preordered it on the interest form. If you did not preorder lunch, you will need to bring a brown bag lunch.
-Students who are bringing a brown bag lunch, please have your student's name clearly labeled.

Attire: SRA polo, jean pants (no shorts), comfortable shoes. (This is a working farm so students may get dirty!)

PERMISSION SLIP: All permission slips must be received no later than OCTOBER 18 (turn in to teacher):

PAYMENTS: ALL PAYMENTS MUST BE MADE NO LATER THAN OCTOBER 24, 2024 by 5:00 pm (No late payments will be accepted.)

Please list pertinent medical history (e.g., drug, food, or environmental allergies, bee stings, previous illness, injury, activity limitations, current medications). Include signs and symptoms of an allergic reaction and what treatment your child seeks when a reaction occurs. Also include side effects of current medications. Please write "N/A" if this is not applicable. You may attach a separate page if necessary.

_____
_____
_____
_____

Permission is hereby granted to any adult to seek and obtain whatever medical assistance and services deemed necessary while on such field trip or activity, if services are required.

If parent/guardian cannot be reached in the event of an emergency, please contact:
*Note, you MUST have 2 emergency contacts listed and they cannot be parent/guardian.

_____
Name Relationship Home/Cell/Work Phone

_____
Name Relationship Home/Cell/Work Phone

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The undersigned parent/guardian of _____ age _____, a student of Santa Rosa Academy ("School"), hereby voluntarily agrees permission for said student to participate in all aspects of the below-described field trip or activity:

WAIVER: *I understand that all persons making the field trip or excursion shall be deemed to have waived all claims against the School, its authorizing school district or agency or the State of California for injury, accident, illness, or death occurring during or by reason of the field trips or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement to waive such claims.' [Education Code §35330] My signature on this form shall constitute an informed and knowing waiver as required by law.*

RELEASE FROM LIABILITY AND INDEMNIFICATION: *For, and in consideration of, permitting the above-named student to attend the above-described field trip or other off-site activity (the "Activity") which may include transportation by a private vehicle, I hereby voluntarily release from liability and waive any and all claims or causes of action for personal injury or death occurring to the Student or others, or property damage arising from the negligence of the School or otherwise, against the School or any of its officers, agents, teachers, employees or assignees. I do hereby release the School from liability for myself and my heirs, executors, administrators and assigns, and I shall indemnify and hold harmless the School from any and all such claims or causes of action. I hereby acknowledge that I understand the effects of releasing the School of all such liability, including, but not limited to, that caused by negligence.*

_____ _____

Name of Student (please print) Signature of Parent/Guardian Date

_____

Address

_____ _____

Signature of Sponsor/Administrator Date Home Phone Work Phone

_____

Cell Phone

Student's address and telephone (if different from above):

_____

Address City Zip Phone