CONEJO VALLEY USD CHILD CARE
FIELD TRIP OR EXCURSION AUTHORIZATION
AND MEDICAL TREATMENT AUTHORIZATION

Child's Name: _____ **Center:** Sycamore summer camp session 2

Below is a list of field trips this center will participate in on the specified dates. Please be certain to place a "yes" or "no" mark for each separate activity. There will be no alternative care provided should you choose to withhold your permission.

Date	Activity	Time	Yes	No
6/30/26	Fillmore Train Museum	8:00- 1pm	☐ Yes	☐ No
7/2/26	Bowlero	12:15- 4pm	☐ Yes	☐ No
7/7/26	Lake Casitas	8:15 -3:30	☐ Yes	☐ No
7/9/26	Underwood Farms	9am-4pm	☐ Yes	☐ No
7/14/26	Discovery Cube/Park picnic	8am-3:30pm	☐ Yes	☐ No
7/16/26	Monarchs Gymnastics	9am-12pm	☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

PARENT/GUARDIAN PERMISSION

_____ _____
Signature of Parent/Guardian **Date**

_____
Print Name

FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

❑ In-state **(Minor)** ❑ Out-of-state

Completion of this form is required for all field trips / excursions.

Name of Student	Date of Birth (for emergency purposes)
Student Address	Sycamore Canyon summer camp Name of School
Child care	Melissa Miller and Amanda Marino
Class/ Program	Teacher
see attached form	see attached
Date(s) of Field Trip/Excursion	Location of Field Trip/Excursion
American Bus Co	
Transportation Provider	

1. **I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?

   ❑ No ❑ Yes. Please explain _____
3. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?

   ❑ No ❑Yes **Parent/Guardian must contact the school office** to obtain form SFA-5010, "Authorization for Any Medication Taken during School Hours," form SFA-5030, "Authorization For Medications Taken During School Hours, School Activities and Field Trips" or form SFA-5040, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).
4. **If you have health insurance, please list:**

   Health Insurance Company _____ Policy Number _____ Group Number _____
5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

   Emergency Contact _____ Telephone _____

   Emergency Contact _____ Telephone _____
6. **Conduct**: I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.
7. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:

   "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. 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 waiving all claims."

   In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

   I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.
8. **In the event of illness or injury**, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian _____ Date _____

Home telephone _____ Work telephone _____ Mobile telephone or pager _____

White – Field Trip Supervisor *Yellow – School/Facility* *Pink – Parent/Guardian*

SFA 2010, Rev. 6/17/2014