

Pajaro Valley Unified School District

FIELD TRIP AUTHORIZATION FORM

To be completed by teacher or advisor for any student group leaving campus.

Must be submitted to Risk Management at least TEN school days prior to trip.

(1) _____ (2) _____ (3) _____ (4) _____
School Grade(s) # of Students # Miles-1 Way

(5) _____ (6) _____
Destination Purpose of Trip

(7) _____ (8) GL# _____
Date(s) of Trip Account #

DEPARTURE:

RETURN:

(9) _____ (10) _____ (11) _____ (12) _____
Time Place Time Place

(13) _____ (14) _____
Adult in Charge Method of Transportation

(15) If private cars are used, is volunteer driver information on file? _____ Yes _____ No

(16) Signed Guardian permission slips on file? _____ Yes _____ No

(17) Will students be away over night? _____ Yes _____ No

(18) Out of State/Country _____ Yes _____ No (Contact Risk Management if Yes)

(19) If (17) is yes, please give name, address and phone of location where staying:

Telephone: _____

(20) Will special equipment (bikes, tools, etc.,) be used by students? _____ Yes _____ No

If yes, what equipment? _____

(21) Are prerequisites required (training, physical exams, waivers, etc.)? _____ Yes _____ No

If yes, describe _____

(22) Is there a requirement that district insurance cover any "outside" property or individual?

_____ Yes _____ No (Such as a certificate of insurance/hold harmless agreement. Contact Risk Manager)

(23) Number of Chaperones _____ Attach list of names is **REQUIRED**.

(24) Has additional insurance been obtained? _____ Yes _____ No

Signature: Teacher/Person in Charge Date

Signature: Principal Date

Signature: Assistant Superintendent Date