



FIELD TRIP PERMISSION FORM AND WAIVER

Your child is approved to participate in a field trip which involves leaving the Da Vinci campus under the supervision of a DV staff member, as indicated below. All expectations outlined in the school handbook apply to students participating in off-campus field trips.

Student Name: _____ **DV Staff Supervisor(s):** Crissel Rodriguez **Off-campus**

Location: Belkin HQ, 555 S. Aviation Blvd. El Segundo **Transportation:** School Bus

Departure Date & Time: 4/21/26, Depart from 201 campus at 9 am **Return Date & Time:** 04/21/26 at 1 pm

WAIVER OF CLAIM: All persons attending a field trip or excursion shall be deemed to have waived all claims against Da Vinci Schools for injury, illness or death occurring during or by reason of the field trip or excursion. I therefore acknowledge that as a condition of my student participating in said activity, I agree to hold harmless and waive any and all claims of liability against Da Vinci Schools and its Board of Directors, officers, employees, volunteers, contractors, and agents, including, but not limited to, for any injury, accident, illness, or death, or any loss or damage to personal property, occurring during or by reason of my student's participation in the field trip. I agree to indemnify Da Vinci Schools and its Board of Directors, officers, employees, volunteers, contractors, and agents from any and all claims of liability for injury, accident, illness, or death, or any loss or damage to personal property, sustained by a third party which may have been caused by my student, whether negligent or not, occurring during or by reason of my student's participation in the field trip.

1. I understand this field trip is optional, attendance by my student is not required, and an alternative activity will be provided if I do not give permission for my child to participate.
2. I understand that all students attending this trip will be responsible in conduct to the bus driver(s), school staff, and, if applicable, other adult chaperones at all times.
3. I understand that all field trips begin and end at the school campus and all students are required to go and return from the field trip on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, his/her designee, teacher or other designated school staff.

AUTHORIZATION TO TREAT MINOR: I understand that my student may become ill, injured, or otherwise require medical treatment while participating in the field trip. Except in the case of an emergency, school staff will attempt to contact the parent/guardian designated below prior to taking action related to medical treatment, except for first aid. In the event of an emergency as determined by school staff, I hereby give permission for school staff to proceed at their discretion to secure medical treatment for my student as they deem appropriate to the type and extent of the injury of illness. I also hereby give permission for health care providers to administer medical treatment to my student as they deem appropriate to the type and extent of the injury of illness. I understand that the expenses for medical treatment are my sole responsibility.

PARENT/LEGAL GUARDIAN SECTION: MUST BE COMPLETED

Name of Parent/Legal Guardian: _____ **Phone Number:** _____

Student's Critical Medical Needs/Allergies/Conditions: (if none, please write "none") _____

Note: No student may carry and administer medication during a field trip unless the student's parent/guardian and a licensed health care provider have completed the appropriate paperwork and turned it in to the school.

Student shall abide by all school policies during the field trip, including those in the Da Vinci Handbook, and I understand that violation of any school policies may result in being sent home at my parents' expense and possible discipline.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Principal or Assistant Principal Signature (Required): _____