



Elite Academic Academy Charter School



Educational Activity Permission Slip and Waiver

For use by a parent of a student participating in a group or parent guided educational activity

Group Activity: _____

Activity Date: _____

Leave By: _____

Return By: _____

Teacher/Supervising Charter Employee Name _____

Information: Education code Section 35330 authorizes the governing board of any school district to 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 and participation is voluntary.

Student # _____ Student Name _____ Grade _____ Cost _____

Student # _____ Student Name _____ Grade _____ Cost _____

Student # _____ Student Name _____ Grade _____ Cost _____

Student # _____ Student Name _____ Grade _____ Cost _____

Student # _____ Student Name _____ Grade _____ Cost _____

Parent Guardian Name _____

Address _____ City _____ Zip _____ Home# _____ Cell# _____

Work # _____

Email _____

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

1. In the event of 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 that said physician is not available at any time, I authorize such care and treatment to be performed by licensed physician or surgeon. THE UNDESIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING. If your child is injured at a group educational activity, contact the school at _____.

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

WAIVER: "California law provides as follows: „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". (Ed. Code Sec. 35330)

Elite Academic Academy Charter School (Hereinafter referred to as "The Charter School")

I/We, _____ intend to participate in the above-described educational activity. I acknowledge that my participation in this activity is not required by "The Charter School", or any teacher or employee of "The Charter School and is voluntary. I understand that in determining that participation in this Activity has educational value, "The Charter School" has not investigated or approved its safety, the qualifications or financial responsibility of any person or firm involved in the Activity, or the facilities or equipment to be used. In addition, the charter school has not provided or approved transportation to or from this Activity. All participants are expected to secure their own transportation to and from the Activity. In consideration for being permitted to participate in this Activity I may be entitled to education credit. I hereby waive, release and discharge "The Charter School" from any and all claims for damages or personal injury, death, or property damage which I may have, or which may hereafter occur as a result of my participation in the Activity. It is understood that the Activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE OF LIABILITY IS A CONTRACT BETWEEN MYSELF AND THE CHARTER SCHOOL

My signature below authorizes my student to participate in this group education activity. By signing below I represent that I have the authority to sign this form on behalf of any minor(s) listed above.

Parent/Guardian Name (PRINTED) _____ Parent/Guardian Signature _____

Relationship to Minor _____ Date: _____

Return Form By: _____

Are you able to drive your child to the activity? _____ (yes/no) Call me if needed _____

I will drive my child ONLY _____ OR Seats Available (Some programs DO NOT ALLOW parents to drive other students) : Adult _____ Students _____

OFFICE USE: Number of Students Attending # _____ Number of other family members attending # _____

Amount Enclosed \$ _____ (CHECK ONLY) Amount of Educational Funds Used \$ _____