



Vista Unified School District
1234 Arcadia Avenue, Vista CA 92084-3404 (760) 726-2170
Serving the Communities of Vista, Oceanside,
San Marcos, Carlsbad and San Diego County
www.vusd.k12.ca.us

**PARENT AUTHORIZATION FOR STUDENT
PARTICIPATION IN A ONE-DAY OR SEASONAL ACTIVITY**

I, the undersigned, authorize my son/daughter _____
to participate in _____
(name of activity)
scheduled for _____ from _____ a.m./p.m. to _____ a.m./p.m.
(date)
or during _____ date _____ to _____
(semester or season)

I understand that California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the Vista Unified School District and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. According, I hereby waive all claims which I/we might have against the Vista Unified School District or the State of California, their officers, agents and employees for injury, accident, illness, or death occurring during or by reason of the above described activity.

Date (Signature of Parent or Guardian)

Parent/Student Authorization for Use of Private Vehicles for Student Transportation

I/We understand that participation in the above-listed field trip or school activity will on occasion require transportation by bus or private vehicle. These vehicles may be driven by bus drivers, staff members, parents or students themselves. I certify that when bussing to the activity is not made available, I will be responsible for transporting my son/daughter to/from the designated activity site. I accept the fact that my child may be released from school prior to the standard release time in order to be transported to the activity on a timely basis.

When transportation is not provided, I take full responsibility for arranging transportation of my son/daughter to/from the designated activity site. This may include arrangements with other adult drivers, my son/daughter driving themselves and/or driving with other licensed minors, as allowed by law (students). I understand and accept that school administration will not be responsible for supervising transportation once my child is released from school. I waive all claims against the Vista Unified School District and State of California for any injury, accident, illness or death occurring during the transportation arrangements that I have made to/from the school activity. I certify that my son/daughter will be transported by a licensed driver, with State of California required insurance coverage, and in a safe and legal manner.

Print student's name Date

Parent/Guardian Signature Type/Print Name