PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

PARENT/LEGAL GUARDIAN FIELD TRIP CONSENT, AUTHORIZATION, WAIVER, RELEASE, & INDEMNIFICATION FORM

School: Yorba Linda High School Teacher: Karina Ornelas Grade: 12

Field Trip/Activity/Event: Santiago Canyon College

Date(s): April 17, 2026

- [x] Single Event
- [ ] Seasonal Event (see schedule attached for further information)
- [ ] Multiple Day
- [ ] Extended Field Trip (as defined in AR 6153.1)

STUDENT INFORMATION

Student's Name (First and Last): _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Parent/Legal Guardian Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

TRANSPORTATION INFORMATION

Field Trip/Activity/Event Destination: Santiago Canyon College

Date(s): April 17, 2026 Time of Departure: 8:30 AM Time of Return: 1:30 PM

# of Overnights (for extended field trips): 0

Departure time indicates when the method of transportation departs and return time is immediately following the scheduled activity. Point of departure and return is from/to the above school site. Destination identifies the location of the field trip/activity/event.

NOTE: All elementary and middle school students MUST be transported via District bus for every field trip/activity/event (except for extended field trips).

Method of transportation for the above-named Student may be by:

- [x] District Bus
- [ ] Commercial Charter (Transportation Department Approved)
- [ ] District Auto Driven by Staff Member
- [ ] Airplane (air)
- [ ] Train (rail)
- [ ] Boat/Ferry (water)
- [ ] Private Auto Driven by Staff Member
- [ ] Private Auto Driven by Parent
- [ ] Private Auto Driven by Adult, not a Staff Member
- [ ] Private Auto Student Driving Themselves Only (No other student passengers allowed)

***** All drivers must complete the School Driver Registration Form which shall be filed at the school site and with District Risk Management. District employee drivers must complete the DMV Authorization for Release of Driver Record Information form and bring it with your current CA Driver's License to Risk Management.

** All staff members and their vehicles must be SB 88 compliant (per CA law, eff. 7/1/25) and receive approval from the Transportation Department before transporting any student(s).

WATER ACTIVITIES: FOR EXTENDED FIELD TRIPS ONLY

Description of Water Activity: _____

Date(s) of Water Activity: _____

- [ ] I, Parent/Legal Guardian of Student, consent to my Student's participation in the above-described water activity.
- [ ] I, Parent/Legal Guardian of Student, do not consent to my Student's participation in the above-described water activity and choose for my Student to participate in an alternative educational experience.

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HEALTH HISTORY, SPECIAL NEEDS, & INSURANCE INFORMATION

Check all that Apply	Health History & Medical Needs	Number of Pages Attached
☐	Allergies (*please list*):	
☐	My Student has **NO** special needs that staff should be made aware of, and **NO** medication(s) are required for this field trip/activity/event.	
☐	My Student has a special need and/or medication(s) are required for this field trip/activity/event. ***Note**: Attach instructions, dosage, and location of medication(s).*	
☐	Please attach any additional information you feel staff need to know about your Student's health.	

Student's Date of Birth: _____ Name of Physician: _____ Phone: _____

Do you have current medical insurance coverage? Yes _____ No _____. [*If you wish to purchase student accident, medical, or hospitalization insurance, please contact your student's school or visit www.myers-stevens.com*.]

Name of Insured (Parent/Legal Guardian): _____

Employer: _____

Health/Accident Insurance Company: _____ Policy Number: _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Emergency Contact Name: _____

Relationship: _____ Cell Phone: _____

PERMISSION, CONSENT, WAIVER, RELEASE, INDEMNIFICATION, & MEDICAL TREATMENT RELEASE

I, the Parent/Legal Guardian of the above-named Student ("Student"), by my signature below, grant permission for my Student to participate in, and be transported to and from, the field trip/activity/event described herein. I understand participation in this field trip/activity/event is a voluntary part of the Placentia-Yorba Linda Unified School District's school program. I am specifically aware this field trip/activity/event could cause serious illness, injury, and/or death, and assume all risks for any such illness, injury, and/or death.

I expressly agree that my consent for my Student's participation shall also serve as acknowledgment of the following:

1. Parents/Legal Guardians are responsible for notifying the school of changes to their student's medication(s) and medical needs prior to their student's participation in the field trip/activity/event.
2. Liability and health benefit insurance/coverage is not provided for students taking part in this field trip/activity/event (except for extended field trips as defined in AR 6153.1).
3. For Religious Accommodations, a copy of the appropriate form(s) must be attached.

For and in consideration of my/my Student's participation in the above field trip/activity/event, I, the undersigned Parent/Legal Guardian/Student, for myself and my personal representatives, assigns, heirs, and next of kin, agree to indemnify and hold Placentia-Yorba Linda Unified School District, its Board of Education, officers, agents, representatives, and employees (collectively, the "District"), and the State of California, harmless from all liability, claims, causes of action, costs, expenses, damages, attorneys' fees, and demands (collectively, "Claim(s)") related to, arising from, or in connection with participation in, including transportation to and from, the field trip/activity/event including, without limitation, injury, accident, illness, or death suffered by myself/my Student, whether caused by the negligence of the District or otherwise. (Education Code section 35330.)

By executing this document, I hereby understand and voluntarily release, discharge, waive, and relinquish all Claims for personal injury, bodily injury, property damage, or wrongful death occurring to myself/my Student arising from

engaging in the field trip/activity/event or activities incidental thereto, including, but not limited to, transportation, for whatever period said activities may continue. I understand this Parental/Legal Guardian Consent, Authorization, Waiver, Release, and Indemnification Agreement ("Form") shall be binding on me, my heirs, executors, administrators, and assigns, and hereby release, waive, discharge, and relinquish all Claims, which may hereafter arise for myself/my Student and my estate, and agree that under no circumstances will my heirs, executors, administrators, and assigns prosecute or present any Claim for personal injury, bodily injury, property damage, or wrongful death against the District.

I have been advised of all rules and safety regulations pertaining to this field trip/activity/event and the use of protective equipment by participants. I understand these safety regulations shall be enforced during the entirety of the field trip/activity/event. I understand that participants must abide by all rules and regulations governing conduct during this field trip/activity/event.

I am specifically aware of the field trip/activity/event described above and the risks it presents to myself/my Student including those inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one field trip/activity/event to another, but can range from minor injuries such as scratches, bruises, and sprains and major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to catastrophic injuries including paralysis and death.

I authorize and consent to my Student receiving any X-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed pursuant to the Medicine Practice Act or a dentist licensed pursuant to the Dental Practice Act, and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. When transportation or medical attention becomes necessary, it is hereby authorized within these provisions and limitations. This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to the physician to render care in the exercise of their best judgment. It is understood that effort shall be made to contact me prior to rendering treatment to my Student but that any of the above treatment shall not be withheld if I cannot be reached. I agree to assume all financial responsibility for injuries I/my Student sustain and for such care that the duly licensed physician, surgeon, or dentist may, in the exercise of their best judgment, consider necessary.

I understand this field trip/activity/event may be cancelled for security reasons. Such field trips/activities/events are subject to modification or cancellation such as when the U.S. Department of Homeland Security issues travel alerts and/or warnings and precautions need to be implemented to protect the safety of students and staff. In the event of such a modification and/or cancellation by the District, I accept all financial risks or penalties imposed by the vendors providing services for travel, accommodations, or other trip-related services due to cancellation and/or modification.

I expressly agree that each provision of this Form shall be interpreted in such a manner as to be effective and valid under applicable law. In the event any provision of this Form is determined to be invalid, illegal, or unenforceable in any respect under the applicable law, such provision shall be severed, and all remaining provisions shall remain valid, legal, and enforceable.

☐ I have read, understand, and agree to the above.

Signature (Above-Named Parent/Legal Guardian)	Signature (Above-Named Student)
Parent/Legal Guardian Printed Name	Student School I.D. Number
Signature Date	Signature Date