

FIELD TRIPS

Academic Field Trips- Field trips must be cleared in advance as to day, time, cost and transportation arrangement with the cognizant Instructional Administrator. Field trips, as part of the required instructional program of a course or curriculum, must not involve an admission, participation charge, or contribution on the part of the student. Each instructor is required to accompany the students on all field trips. The instructor must recognize the liability to both the District and the instructor.

Students have the responsibility of notifying their other instructors of absences for field trips. Students should be encouraged to attend scheduled field trips. If the field trip causes a conflict with other classes, arrangements should be made with the instructor(s) whose class(es) will be missed.

Instructors may schedule field trips on Saturday and Sunday, but should offer alternative assignments for students who cannot attend. A field trip on Saturday or Sunday cannot substitute for a regularly scheduled class. Trips into Mexico need special insurance considerations and, therefore, require the approval of the Vice President for Business Services.



FIELD TRIP REQUEST

(To be filed no later than fourteen days prior to field trip)

TRIP INFORMATION:

Date Required: _____ Class: _____

Time Required: From _____ a.m. ☐ p.m. ☐ To _____ a.m. ☐ p.m. ☐

Purpose of Trip: _____

Destination: _____

Requested By: _____ Date: _____
(Instructor's Signature)

Students will meet at: _____

NOTE: (a) NO TRANSPORTATION CLEARANCE IS NECESSARY
FOR STUDENTS MEETING AT THE FIELD TRIP SITE.

(b) LIABILITY TO THE DISTRICT AND INSTRUCTOR START
WITH THE INITIAL CONTACT WITH THE STUDENTS.

(c) FIELD TRIPS TO FOREIGN COUNTRIES ARE PERMITTED
WITH THE APPROVAL OF VICE PRESIDENT FOR
BUSINESS SERVICES.

☐ Bus Transportation to be provided
(To be cleared with Business Operations)

APPROVED BY:

Instructional Administrator

Date

Budget # (if applicable): _____ Amount: \$ _____

Distribution: White – Instructor
Yellow – Instructional Administrator
Pink – Admissions Office



Southwestern Community College District

EXCURSION/FIELD TRIP WAIVER
AND
MEDICAL AUTHORIZATION

Title 5, California Code of Regulations, Section 55450, States in part as follows:

"All persons making excursion or field trip shall be deemed to have waived all claims against the District or State of California for injury, accident, illness or death occurring during or by any reason of the excursion or field trip. All adults taking out-of-state excursion or field trips and all parents and guardians or guardians of the students taking excursions or field trip shall sign a statement waiving such claims."

In accordance with the Title 5, California Code of Regulations Section 55450, and in consideration of participation in said excursion or field trip, I hereby release the Southwestern Community College District, its officers, employees, and agents from and waive all claims for injury, accident, illness, death or prop damage occurring during or by reason of said excursion or field trip, except for any claims based upon fraud, willful injury to person or property, or violation of law, by the District, its officers, employees, agents, and further agree to indemnify and hold harmless the District, its officers, employees, and agents from any claims and actions for damage or injury which any person may assert by any reason of my conduct when participating in said excursion or field trip.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon deemed necessary for my safety and welfare. I agree that the resulting expenses will be my responsibility.

Field Trip Name

Date

Print Name

Student I.D. #

Signature

Date

By my signature hereon, I agree to abide by Southwestern Community College District Policy No. 6047 (Student Conduct Standards and Disciplines) while participating in said excursion or field trip. The policy includes, but is not limited to, prohibitions against behavior and the possession and/or use of alcohol and/or controlled substances. In addition, I agree to stay with the excursion or field trip for the duration of the activity.

Health Insurance Carrier

Policy Number

No Health Insurance Coverage

In case of an emergency, please contact:

Name

Relationship

Address

City, State, Zip Code

()
Phone Number

EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION (Adult)

“All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by any reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of students taking out-of-state field trips or excursions shall sign a statement waiving such claims.”

Field trip or excursion: Site: _____

Address: _____

Street City

Date(s): _____

Instructor/Staff Member: _____

[illegible]

(Continued on reverse side)

