

SANTA MARIA HIGH SCHOOL
PREARRANGEMENT FOR ABSENCE FROM CLASSES for SCHOOL BUSINESS

SMJUHSD RELEASE OF LIABILITY

_____ the parent/legal guardian of the above named student, agree to absolve, release, and
(PRINT PARENT / GUARDIAN NAME)

hold blameless, the Santa Maria Joint Union High School District (SMJUHSD) and/or its employees, Board of Trustees, all departments, or other adults participating in the program, from all manner of actions, financial liability, claim for damage, or injury of any nature arising out of the SMHS _____ trip to be held on _____.

SECTION 35330 of the EDUCATION CODE provides in part:

"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 reason of the field trip or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

In order that your son/daughter may participate in this activity, we must have your written approval. Your signature constitutes a release of liability for any claims, etc., against the Santa Maria Joint Union High School District, et.al, resulting from the stipulated activity.

MEDICAL LIABILITY

*I, the undersigned parent/legal guardian of the student, consent in advance to whatever medical treatment may be necessary for my son/daughter in case of injury or illness during the trip. Such treatment may include, but not be limited to, anesthesia, x-ray examination, and medical or surgical diagnostic procedures and shall be in the best judgment of the attending physical. I understand that every reasonable effort shall be made to reach me in case of serious illness or injury. I understand the nature of the activity and recognize the problems and/or dangers inherent in such a program and believe the student is able to participate safely in all of the activities of the program.

Please list any health concerns/restrictions or medications to be taken during the trip: _____

CHECK HERE IF NO RESTRICTIONS ☐

Home Phone: _____

Emergency Contact Phone: _____

Mother's Work/Cell Phone: _____

Father's Work/Cell Phone: _____

Medical Insurance Carrier: _____

Policy #: _____

*** PARENT SIGNATURE**

DATE

TO THE TEACHER: Please indicate whether or not you are willing that I be granted a leave of absence. I understand that my scholarship and citizenship must be satisfactory if you are to approve my request, and that I must make up the work missed within a reasonable time, or receive a grade of "F" for the period(s) of the absences.

STUDENT'S NAME:			STUDENT ID #:		GRADE:	
DATE:		Period(s): 1 2 3 4 5 6 7	Reason for request:			
Block	Course	Instructor's Signature	Approved	Not Approved	Approximate Current Grade	COMMENTS
1°						
2°						
3°						
4°						
5°						
6°						
7°						

Signature of Instructor / Advisor in charge of activity

Student Signature

TO STUDENT: Be sure form is completely filled out and signed. Form must be submitted to Assistant Principal 3 days prior to activity.

I ☐ approve ☐ do not approve this request: _____

Assistant Principal

RELEASE OF LIABILITY

Date of Trip: _____

Student Last Name _____ First Name _____ Middle Initial _____

Home Address _____ City _____ Zip _____

Student Date of Birth _____ Phone _____

*I, the parent/legal guardian of the above-named student agree to absolve, release, and hold blameless, the Santa Maria Joint Union High School District (SMJUHSD) and/or it's employees, Board of Trustees, all departments, officers or other adults participating in the program, from any financial liability or claim for damage of any nature arising out of the Santa Maria High School _____ trip to be held on _____. We realize that such a program has certain risks involved and that every attempt will be made to safeguard students, but that no amount of precaution taken by the adults can insure the safety of the student if he/she does not obey and cooperate and/or is unable to accept the responsibility of his/her own actions.

MEDICAL LIABILITY

*I, the undersigned parent/legal guardian of the above-named student, consent in advance to whatever medical treatment may be necessary for my son/daughter in case of injury or illness during the trip. Such treatment may include, but not be limited to, anesthesia, x-ray examination, and medical or surgical diagnostic procedures and all be in the best judgment of the attending physician. I understand that every reasonable effort shall be made to reach me in case of serious illness or injury. I understand the nature of the activity and recognize the problems and/or dangers inherent in such a program and believe the above-named student is able to participate safely in all of the activities of the program.

PLEASE LIST ANY HEALTH CONCERNS/RESTRICTIONS _____

CHECK HERE IF NO RESTRICTIONS ☐

LIST ANY MEDICATIONS TO BE TAKEN DURING THE TRIP: _____

Home Phone _____ Emergency Contact Phone _____

Mother's Work/Cell Phone _____ Father's Work/Cell Phone _____

Medical Insurance Carrier: _____ Policy# _____

* PARENT SIGNATURE _____

DATE _____