

Administrative Procedure 4300 Field Trips and Excursions

Rules and guidelines for Field Trips (which does not include International Study Abroad or Out-of-State Travel) shall include the following:

- A. Both students and instructors have an obligation to act responsibly, ethically, and professionally during the course of any college-sponsored field trip.
- B. During the field trip all student conduct set forth in the college catalog shall apply. The instructor has the authority to dismiss a student as if the violation occurred on campus.
- C. Neither the college nor the instructor has any responsibility for student conduct outside the official field trip hours.
- D. Each student shall be required to sign a district-approved release form before being allowed to participate on a field trip. Students under 18 years of age must obtain written approval from their legal guardian.
- E. Title 5, section 55450 shall apply to field trips. All waiver forms shall state that the participant and any volunteer agree to release the Peralta Community College District from any liability and all claims that may arise from participation in the field trip activity.
- F. An agreement for medical consent for participants that are unable to consent may be included in the waiver form.
- G. It is required that for insurance reasons that field trips be approved by college administration before the field trip takes place. Typically the Request for Field Trip form should be submitted for approval to the Vice President or Dean of Instruction no later than seven working days prior to the field trip. Attached to the form should be a roster of the class, indicating any student who will not be participating in the trip.
- H. Approval of a field trip does not authorize any expenditures.
- I. Anticipated expenditures need to be submitted through the department chair before approval of a field trip.
- J. If a field trip requires students to find transportation to an off-site location, or to be present outside of regular class hours, then: (a) students are entitled to an alternative assignment if they cannot attend the field trip; and (b) if the field trip is part of the class grade, then the alternative assignment should bear reasonable relation to what students on the field trip will have to do or submit for a grade.
- K. The most up-to-date Field Trip/Excursion Waiver and Medical Authorization form can be located on the Risk Management website at http://www.peralta.cc.ca.us/projects/682/Field_Trip_Waiver.pdf

Reference:

Title 5 Section, 55220
Title 5 Section, 55450
Education Code Section 72640
Education Code Section 72641

Approved by the Chancellor: April 12, 2012

Field Trip/Excursion Waiver and Medical Authorization Form

(Description of Activity)

(Course Name and #) (Department) (Instructor)

(Destination) (Start Date/Time) (Return Date/Time)

“All persons making the field trip or excursion shall be deemed to have waived all claims against the Peralta Community College District 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 students taking out-of-state field trips or excursions shall sign a statement waiving such claims.”
(California Code of Regulations, Title 5, Section 55450)

In the event of illness or injury, I do hereby consent to whatever x-ray, examinations, anesthetic, medical, surgical, emergency medical transportation, hospital care or dental diagnosis or treatment from a licenses physician, surgeon, or dentist as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

I agree to abide by all rules and regulations governing my conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my expense.

By signing my (our) name, I (we) hereby certify that I (we) have read and fully understand the above notice and do hereby give my (our) consent for the student to participate in the field trip/excursion.

(Print Name) (Signature) (Date)

(If less than 18 years, name and signature of parent/guardian.)

(Address) (Phone No.)

(Medical Insurance Carrier) (Policy No.) (Subscriber ID No.)

In the event of an illness or accident, please notify:

(Name) (Address) (Phone No.)

Do you have any conditions that may limit your ability to fully participate in all field trip activities?
 NO YES. If yes, please provide a medical clearance to attend and participate in this event.

(Instructor: please maintain a copy of this waiver for one year from the date of the event) [9/06]