



San Diego Community College District Request/Authorization to Conduct Off-Campus Student Activity

Campus: ☐ City ☐ Mesa ☐ Miramar ☐ College of Continuing Education (Specify Campus): _____

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Class Number: _____
(Formerly CRN)

Type of Activity: (see Board of Trustees Policy, *BP ~~3120 Off-Campus Student Activities~~ 4300, Field Trips and Excursions*)

- ☐ Field Trip, Excursion, Class Convened Off Campus
- ☐ Optional Visit
- ☐ Associated Student Body Activity
- ☐ Co-curricular Activity - part of previously Board-approved season schedule
- ☐ Co-curricular Activity - **not** a part of previously Board-approved season schedule

- Is the Activity:
 - Outside of California ☐ Yes ☐ No
 - Overnight ☐ Yes ☐ No
- Will an advance of funds be requested as part of this activity? ☐ Yes ☐ No

(If the answer to any statement above is yes, and the activity has not been previously Board-approved, the Dean responsible for travel will prepare a Board agenda item requesting advanced Board approval.)

Time and date of activity: _____

Location where activity is to be conducted: _____

Brief description of the activity/purpose: _____

Transportation*: (Select One)

- ☐ Will be the responsibility of each individual
- ☐ Will be provided by the District

*See restrictions in Board of Trustee Policy, *BP ~~3125 Transportation of Students~~ 4300, Field Trips and Excursions*

I have read Board of Trustees Policy, *BP ~~4300, Field Trips and Excursions~~ 3120 Off-Campus Student Activities*, and certify that to the best of my belief the activity for which authorization is requested is in consonance therewith.

Signature of Requester: _____ Date of Request: _____

OFFICIAL USE ONLY

- ☐ Approved
- ☐ Not approved (see remarks below)

Remarks: _____

Signature of Dean: _____ Date: _____

Distribution: Submit original to the dean responsible for travel

SS-RQOFACT3120.2 07/201908/2021



San Diego Community College District Student Travel Permission/Release/Waiver

INSTRUCTOR/ADVISOR MUST:

1. Ensure that students read the paragraph below
2. Duplicate this form if additional lines are needed
3. Attach form to approved *Authorization to Conduct Off-Campus Activity* form and submit to Dean responsible for this travel
4. Minor Students must complete *Minor Student (under 18) Travel Permission/Release/Waiver* form

Campus: ☐ City ☐ Mesa ☐ Miramar ☐ College of Continuing Education (Specify Campus): _____

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Travel to: _____
Enter Destination or Attach Travel Schedule

Departing: _____ on: _____ via: _____
Location Date District/Self

Returning to: _____ on: _____ via: _____
Location Date District/Self

RELEASE/WAIVER: By my signature below, I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California and the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with, my participation in the field trip or excursion.

STUDENT ROSTER

Student Name (PRINT)	Signature	Under 18 Yes/No	Transportation Self/District

Signature of Dean: _____ Date: _____

Distribution: Submit original to the Dean responsible for travel

3125.2 SS-TRVALWAIVER 08/201708/2021



San Diego Community College District
**Minor (Under 18) Student
Travel Permission/Release/Waiver**

Campus: ☐ City ☐ Mesa ☐ Miramar ☐ College of Continuing Education (Specify Campus): _____

Student Name: _____ Student ID No.: _____
(PRINT) Last First MI

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Travel to: _____
Enter Destination or Attach Travel Schedule

Departing: _____ on: _____ via: _____
Location Date District/Self

Returning to: _____ on: _____ via: _____
Location Date District/Self

WAIVER: I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California and the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion. Further, I understand that of my own volition and insistence, I give permission for my child/ward to depart from the scheduled activities or use transportation other than that provided by the District. It is fully understood that the District is in no way responsible, nor assumes liability, for any injuries or losses resulting from my child's/ward's departure from the scheduled activities and/or transportation.

I, _____, declare that I am the parent/guardian of the student identified in this form. I have read and understand the above waiver and conditions of the scheduled trip. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with, my child's/ward's participation in this field trip.

☐ I hereby give permission for my child/ward to participate in the trip as scheduled.

Parent/Guardian Name: _____
(PRINT)

Parent/Guardian Signature: _____ Date: _____

NOTE: Submit completed authorization to instructor/advisor responsible for travel

Emergency Contact Information

Contact Name: _____ Relationship: _____
(PRINT)

Primary Telephone: _____ Secondary Telephone: _____

Instructor: Attach original to approved *Request/Authorization to Conduct Off-Campus Student Activity* form



San Diego Community College District

**Student Travel
Medical Consent Form**

In the event of any medical emergency, I grant San Diego Community College District, including City, Mesa and Miramar College, and College of Continuing Education, or any of its representatives the full authority (**at my expense**) to take any action deemed necessary to protect my health and safety. This includes, but is not limited to, placing me under the care of a doctor, in a hospital, or returning me to my home city if deemed necessary after consultation with medical authorities.

Name of Participant: _____ Student ID Number: _____
(PRINT)

Please check **one** of the following statements:

- ☐ I am 18-years-of-age or older. My date of birth is: _____
- ☐ I am the parent or legal guardian of the participant who is under 18-years-of-age to whom the above statement applies and for whose benefit I am executing this medical consent.

In case of emergency please contact: _____
Name/Relationship

E-mail: _____ Telephone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Please list any prescription medication that you must take while at the off-campus activity:

Has your physician approved your ability to travel under this prescribed medication?

- ☐ Yes
- ☐ No

I have read this consent and I understand its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant or Parent/Legal Guardian: _____

Name of Signatory: _____ Date: _____
(PRINT)

E-mail: _____ Telephone: _____

NOTE: Submit completed consent to the instructor/advisor responsible for travel

Instructor: A copy shall be maintained by the advisor during travel

Distribution: Signed consent returned to instructor/advisor responsible for travel

SS – STDTRVLMEDCNST 08/201708/2021