

**LOS ANGELES CITY COLLEGE AND
LOS ANGELES COMMUNITY COLLEGE DISTRICT
FIELD TRIP FORMS, POLICIES, AND PROCEDURES**

Los Angeles City College Field Trip Application Form for Instructors—Attachment #1
Attachment #1 to be kept by Academic Affairs Office(s)

1. Please submit the form **TWO WEEKS** prior to the trip for approval
2. Must have copy with you on the trip
3. Must have authorization prior to the trip
4. Must have an insurance rider issued prior to the trip

Los Angeles Community College District Excursion/Field Trip Form for Students—Attachment #2
Attachment #2 to be kept by Academic Affairs Office(s)

1. Be sure to print the two-page form for each of your student
2. Students must fill out the form in **INK**, all pages
3. Faculty must submit these forms **TWO WEEKS** in advance of the trip
4. Faculty must wait for approval and an insurance rider before going on any trip
5. Instructors must have a copy of all Field Trip Form from Students with them on any trip

Request for Field Trip Insurance Rider—Attachment #3

Attachment #3 to be sent to Sherri D. Beloney Hatcher (District Office) via Email by the respective IDWG Dean

1. Please submit the form **TWO WEEKS** prior to the trip for approval
2. Instructors **MUST** have this on file before any trip
3. Instructors are not covered by Workman's Compensation without it

LOS ANGELES CITY COLLEGE FIELD TRIP APPLICATION FORM

FACULTY: Please complete this form, attach required release forms, and submit to Department Chair for signature and then to the Dean of Academic Affairs **TWO WEEKS** prior to the trip for processing and District approval.

RELEASE FORMS MUST BE FILLED OUT COMPLETELY AND SIGNED BY EACH STUDENT BEFORE ANY FIELD TRIP. COPIES OF ALL FORMS MUST BE IN THE POSSESSION OF THE INSTRUCTOR ON ALL FIELD TRIPS.

Name of Instructor	Subject Name and Number	Section Number
Start / End Times of Class and Day(s)	Semester / Year or Class	Room Location

Name and Address of Place to be Visited

		Leaving LACC	Arriving Destination	Leaving Destination	Arriving LACC
From	Date of Trip				
To					
	Date(s)				
	Time(s)				

Method of Transportation (Check One)

Private Car Instructor must require evidence that all vehicles transporting passengers are insured.

School Bus Application for school bus must be submitted thirty (30) days prior to the scheduled trip.

Other Please describe:

Educational Purpose Of the Trip	
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I hereby certify that required waiver forms have been or will be obtained from all students who will make this field trip.

Instructor's Signature	Date
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Approved
Disapproved

Department Chairperson's Signature	Date
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Approved
Disapproved

IDWG Dean's Signature	Date
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Los Angeles Community College District

EXCURSION/FIELD TRIP FORM

All participants complete Sections A and B:

- A. WAIVER
- B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D and/or E, if applicable:

- C. NON-CLUB MEMBER
- D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION
- E. MINOR

A. WAIVER

Activity: _____

Campus/Class/Group: _____

Supervising Academic Employee: _____

Departure Date & Time: _____ Return Date & Time: _____

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that I shall hold the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity, including injuries, accident, illness or death.

If my participation in this activity results in any liability, claims, causes of action, or demands against the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense.

My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

Participant's Printed Name

Signature of Adult Participant or of
Parent/Guardian on behalf of Minor Participant

Date

Address

Phone #

- B. MEDICAL AUTHORIZATION:** In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Printed Name

Signature of Adult Participant or of
Parent/Guardian on behalf of Minor Participant

Date

Participant's Medical Insurance Carrier

Policy #

Medical Insurance Carrier Address

Medical Insurance Carrier Phone

In the event of illness, accident, or other emergencies, please notify:

Name

Address

Phone #

Medical Condition: Check here if you have a special medical condition and attach a description of that condition to this sheet.

C. NON-CLUB MEMBER

I request that I may participate in the activity listed in Section A.

As a condition for being allowed to participate in the above-referenced activity as a non-club member, I agree to abide by the provisions of Sections A and B, and, if applicable, Section(s) D and/or E.

My signatures on this document acknowledge that I have read and understand all applicable provisions and agree to abide by these terms.

Participant's Printed Name Signature Date

D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION

I understand (college name: _____) may be providing transportation to and from the above-referenced activity. However, I do not wish to use this transportation.

I will provide my own transportation at my own expense to attend the activity listed in Section A and agree to abide by the following terms:

It is fully understood that the Los Angeles Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation.

I also understand that the driver is not driving as an agent of or on behalf of the District.

My signature below acknowledges that I have carefully read these provisions and I fully understand and willingly agree to abide by these terms.

Participant's Printed Name Signature Date

E. MINOR (For students/non-club members under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable.)

_____ has my permission to participate in the activity listed in Section A.

Participating Minor's Printed Name

Check here if there are no medical conditions that the staff should be aware of and if your son/ daughter is not required to use any drugs during this activity.

AND/OR

Drugs: Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff.

Name of drug and reason for use

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Sections C and D, as appropriate; as related to my son/daughter's participation in this activity.

Parent/Guardian Printed Name Parent/Guardian Signature Date

Address Phone # Son's/Daughter's Date of Birth

After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

Signature of College Administrator Approving Completed Form Date



LOS ANGELES COMMUNITY COLLEGES

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ADMINISTRATIVE OFFICES

Los Angeles Community College District
Risk Management
Request for Field Trip Insurance Rider

Are these Los Angeles Community College District Students? If not, who are the students participating in the field trip?

College: _____

Program: _____

Program Specialist: _____

Program Technician: _____

Event: _____

Event Date: _____

Event Time: _____ a.m. to _____ p.m.

Participants: _____ No. of Chaperones

_____ No. of Students

Transportation: _____

If a certificate of insurance is also to be issued, please provide the following information (if available a copy of an agreement):

Agency Name: _____

Agency Address: _____

Contact Person: _____

Fax and Telephone Number: _____

Insurance Requirement(s): _____

Date Certificate of Insurance is needed by the agency: _____