

PASADENA CHRISTIAN PRESCHOOL FIELD TRIP PERMISSION FORM



****PLEASE COMPLETE & RETURN BOTH SIDES OF THIS PERMISSION FORM TO THE PRESCHOOL OFFICE ****

My signature on this form authorizes my child, _____ (Room # _____),
(Full Name of Child)

to attend the field trip to **Underwood Family Farms on Friday, Nov. 21st, 2025, from 8:30 a.m. (depart) – 2:30 p.m. (return).**

The cost of our trip will be \$16 per student/adult ticket.

Your FACTs tuition account will be charged after the trip, based on attendance.

Please provide the completed paperwork by Friday, November 14th, 2025.

I understand that students will be transported in personal vehicles by volunteer parents. I understand that the necessary precautions and plans for the care and supervision of the children during the trip will be taken. Still, I am aware that there are inherent risks related to leaving campus. Therefore, I (we) will not hold the school or those supervising responsible for any unavoidable accident. I (we) give consent for our child to go on the trip.

Signature of parent and/or guardian

Date

Printed the name of the parent and/or guardian

Name of Emergency Contact #1

Cell Phone #

Other #

Name of Emergency Contact #2

Cell Phone #

Other #

CHAPERONES & DRIVERS:

If you plan to drive and/or chaperone, indicate below. Please complete and return the packet along with a copy of your license, proof of insurance, and chaperone forms. Thank you!

_____ I plan to drive and chaperone, and I can take _____ (#) of students, including my own

_____ I plan to chaperone but not drive. _____ My child will not be attending.

_____ My child and I will meet there.

ALLERGIES AND CONDITIONS: Initial of Parent and/or Guardian: _____

_____ My child has allergies and/or conditions.

_____ No Known Allergies and/or conditions.

Description of Allergies and/or Conditions

MEDICATION, INHALERS, AND EPI-PENS: Initial of Parent and/or Guardian: _____

My child has an Administration of Medication Form ON FILE WITH THE SCHOOL and requires the following medication to be taken on the field trip, and may be issued per the instructions on the form.

_____ NONE

_____ INHALER

_____ EPI-PEN

_____ OTHER

OTHER - Please Specify

MEDICAL AUTHORIZATION: Initial of Parent and/or Guardian: _____

Suppose a parent or family doctor cannot be contacted, and an emergency exists. In that case, the undersigned parent or guardian authorizes a representative of PASADENA CHRISTIAN PRESCHOOL to consent to any X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in their office or a licensed hospital. This authorization is given in advance of any required care to empower a school representative or official to consent to such treatment as the physician may deem advisable.

Agreement to Chaperone &/or Drive on a Field Trip

Name of Chaperone/Driver: _____ Room #: _____

Child's Name: _____

Fieldtrip Venue: **Underwood Family Farms** 3370 Sunset Valley Road, Moorpark, CA, 93021

Date of Field Trip: **Friday, November 21st, 2025**

Time: **8:30 a.m. – 2:30 p.m.** *Please arrive at the school 20 minutes prior to departure time.

For the aforementioned field trip, I agree to serve as a:
(Checkmark the boxes that apply.)

- ☐ Chaperone (I will supervise students & will arrange my own transportation with another Chaperone.)
- ☐ Driver and Chaperone (must complete a Pupil Transportation Form)
 - I agree to drive _____ (#) students, including my own, to the field trip. I certify that I have the indicated number of seatbelts and sufficient space to secure a car seat for each student.
- ☐ The school has copies of my Driver's Information from **2025-2026**.

Note: All drivers **must** have the following documents on file with the preschool office: the Student Transportation by Private Vehicle Information Form, a copy of their personal driver's license, and a copy of their current insurance card.

Chaperone/Driver Agreement:

As a driver/chaperone, I, _____, agree to help the
(Please print your Full Name)

Teachers supervise and keep the children safe in the following ways:

- Staying with the children at all times
- Keeping adult conversation to a minimum
- Encouraging dialogue among the children regarding the activity
- Assisting the teachers in any way that is in the best interest of the children
- Avoiding all cell phone use unless it is an emergency, and absolutely not while driving

Signature of Chaperone/Driver

Date



STUDENT TRANSPORTATION BY PRIVATE VEHICLE POLICY

Pasadena Christian School may authorize the transportation of students by private vehicle for school activities, events, and field trips. Any such transportation must be approved in advance and in writing by the appropriate administrator (Junior High Principal, Elementary Principal, Preschool Director, Director of Extended Care, or Athletic Director). Individuals transporting students must complete and submit a “Student Transportation by Private Vehicle Information Form” to the central office for approval for each event. The form must set forth the following:

- A. Name, address, phone number, and driver’s license number of the driver.
- B. Date, time, and reason for the transportation (Agreement to Drive/Chaperone Form)
- C. A brief description of the transportation vehicle.
- D. Signature of the driver.
- E. Name of auto insurance. The individual driver’s insurance carrier is the responsible party in the event of any or all accidents or claims.
- F. Signature of the approving administrator or director.

The parent of the participating student(s) will be given, on request, the name of the driver and the description of the vehicle. Drivers will be provided with a list of all students to be transported and medical release forms.

Persons approved for the transportation of students in a private vehicle shall be an employee of Pasadena Christian School or a parent of a student enrolled in the school, and the holder of a currently valid license to operate a motor vehicle in the State of California. No person shall be permitted to transport students who are not the holder of automobile liability and personal injury insurance in the amount required by law. Pasadena Christian School may withdraw the authorization of any private vehicle driver. Any private vehicle used for the transportation of students must be owned by the approved driver or the spouse of the approved driver and must conform to the registration requirements of the State of California.

The responsibility of professional staff members for the safety, discipline, and control of students will extend to their transportation of students in a private vehicle. Drivers who are not experienced staff members are requested to report student misconduct to the appropriate principal or director.

Expenses incurred by drivers of private vehicles in the course of transporting students may be reimbursed by Pasadena Christian School at the approved mileage rate and upon presentation of evidence of costs of tolls and parking fees.

VEHICLE ACCIDENT REPORTING POLICY

Any accident involving vehicles owned by Pasadena Christian School or any private or rented vehicles transporting students involved in an accident shall be reported immediately to the school’s administration, Facilities Coordinator, and the local police authorities by the driver of the vehicle or the school staff members serving as chaperones.

The administration staff is responsible for assessing the nature of the accident and determining an appropriate course of action and communication. Reporting of “major” vehicle accidents would fall under the guidelines outlined in the school’s Disaster and Crisis Plan.

I have read, understand, and agree to the above Student Transportation by private vehicle policy.

Signature: _____ Printed Name: _____ Date: _____

Student Transportation by Private Vehicle Information Form

Duration of Form: 2025-2026



This form must be completed and submitted to the School Office with a copy of your license and current insurance. We will hold this form for the duration of the 2025-2026 school year. Please provide insurance updates as they occur.

Driver's Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Vehicle Make and Model: _____

License Plate #: _____ Driver's License #: _____

Auto Insurance Carrier: _____

Policy Number: _____ Date of Policy: _____

Liability Coverage: yes no Medical Coverage: yes no

Uninsured Motorist: yes no

I have read and understand the Student Transportation by Private Vehicle Policy of Pasadena Christian School. I understand that my passengers and I are protected through my insurance in the event of an accident, and that I am not covered under Pasadena Christian Insurance policies. I understand that I am responsible for complying with all State vehicle regulations (seat belt codes, etc.) while transporting students. I agree to indemnify and hold harmless PCS of any and all claims as they pertain to the PCS activities I am participating in associated with this form.

Signature of Driver:

Date:

Approved by:

Signature of Administrator:

Date: