

**PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of: RIVER SPRINGS CHARTER SCHOOLS, BEAR RIVER STUDENT CENTER (School)

_____ has my permission to participate in the
(Student Name: please print)

(field trip/location) BIRCH AQUARIUM / 2300 EXPEDITION WAY, LA JOLLA on TUESDAY, JANUARY 29TH
Date

Arrival time: 9:00 (COLLINS) / 9:15AM (AERY) / 9:30AM (KEEGAN) (A.M.) P.M.

Cost: _____ # RSCS Students (\$9.00) _____ # Chaperones (\$16.00)

Supervising Teacher (please print): Ms Collins , Mrs. Keegan, and Mrs. Aery

General
Activity(s)
to be
included:

(1) Walking around aquarium

(2) Hands on interactive activities

Method of Transportation: X Student will ride in **Private Vehicle**

PARENTS, PLEASE NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; **student may remain in school at parent/guardian's request.**

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X _____
Authorized Signature of Parent or Guardian

Check here if child **may not** participate in Activity number: (1) (2) [Circle if applicable]

**AUTHORIZATION FOR
MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.



Join us to see more than 5,000 fish in 60+ habitats plus a museum featuring cutting edge research from Scripps Institution of Oceanography, UC San Diego. Take in spectacular panoramic ocean views, get hands on with interactive activities, see a feeding, and dive deeper into the world under, in, and above the oceans.

WHEN: TUESDAY, JANUARY 29TH

WHERE: 2300 Expedition Way, La Jolla, CA 92037

ARRIVAL TIME: 9:00AM (Collins) / 9:15AM (AERY) / 9:30AM (Keegan)

COST: RSCS STUDENTS \$9.00, CHAPERONES \$16.00

_____ # OF RSCS STUDENTS (\$9.00)

_____ # OF CHAPERONES (\$16.00)

PERMISSION SLIPS AND MONEY ARE DUE TUESDAY, JANUARY 8TH AT 3:00PM