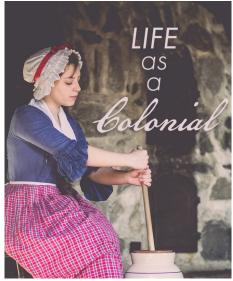


## PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of: <u>RIVE</u>	R SPRINGS CHARTER SCHOOLS, BEAR RIVER STUDENT CENTER (School)	
	has my permission to participate in the	
(Student Name: pleas	e print)	
(field trip/location)_RILEY	"S FARM/ 12261 S. Oak Glen Road, Oak Glen 92399 on Wednesday, January 1 Date	<u>16th</u>
COST:# of Children	a 3 & up(\$12.00) # of Adults(\$12.00) # of Children 2 & under (FR	EE)
Supervising Teacher (please	print): Mrs. Speakman, Mrs. Gooding, Mrs. Dugas, and Mrs. Tillery	
	ands-on workshops alking	
Activity(s) (2) w	aikiiig	
to be Method included:	of Transportation: <u>X</u> Student will ride in <b>Private Vehicle</b>	
waived all claims against the district, ch field trip or excursion." Failure of stude voluntary and a privilege; <b>student may</b>	35330 of the California Education Code states in part: "All persons making the field trip shall be deem carter school, or the State of California for injury, accident, illness, or death occurring during or by reach to comply with rules may result in student being sent home at parent/guardian's expense. Field to remain in school at parent/guardian's request.  The hereon, parent/guardian waives liability against the school and acknowledges that the trip and its arm including injury or death.	ason of the rips are
	XAuthorized Signature of Parent or Guardian	
	Authorized Signature of Parent or Guardian	
Check here if child <b>may no</b>	ot participate in Activity number: (1) (2) [Circle if applicable]	
AUTHORIZATION FOR MEDICAL CARE	Student Name:	
If it becomes necessary for my child to have medical care while	Home Address:	
participating in this trip, I hereby give school personnel permission	Parent/Guardian Home Phone No.:	
to use their judgment in obtaining medical care for the child, and I give permission to the	Parent/Guardian Work Phone No.:	
physician selected by school personnel to render medical care	Emergency Contact Phone No.:	
deemed necessary and	XAuthorized Signature of Parent or Guardian	
appropriate by the physician. I understand that the school carries student accidental injury	Authorized Signature of Parent or Guardian	
insurance in an amount limited to \$50,000 (applies excess of family	Parent or Guardian's Name (please print)	
health insurance if applicable.)	Date:	
	ISTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER UDENT ARE ON FILE IN THE SCHOOL.	



## Parent Driven 2/3 Field Trip



Riley's Farm: Colonial Farm Life

## January 16, 2019

Address: 12261 S. Oak Glen Road, Oak Glen, CA 92399

Check in Time: 9:45am

**Prices:** \$12 per River Springs Student

\$12 per Adult

Though the years just prior to the American Revolution were certainly full of turmoil, the people of the colonies worked hard and found time for a some fun, too! This tour explores the domestic side of 18th century America and puts students in the shoes of their colonist counterparts in a fun, interactive way. Look on the Itinerary page for an idea of the workshops you might try during your two-hour tour.

This is a parent driven field trip. Parents must stay with their group at all times. Students may not be dropped off and left.

 Please Fill Out Below	
# of Children 3 & up (\$12.00 per person)	
# of Adults (\$12.00 per person	
# of Children 2 & under (FREE)	

PERMISSION SLIPS & MONEY ARE DUE: TUESDAY, DECEMBER 11<sup>TH</sup> BY 3:00PM