

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

To the Principal of: _____ (School)

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

(field trip/location) Fingerprints Youth Museum/123 S. Carmalita St., Hemet on Friday, February 8th
Date

Arrival time: 11:00 A.M. / P.M. Return time: TBD A.M. P.M.

Cost: _____ # of RSCS Kinder Students (\$4.00) _____ # of Chaperones (\$4.00 per person)

Supervising Teacher (please print): Mrs. Padilla and Mrs. Taylor

General
Activity(s)
to be
included:

(1) Walking around museum

(2) Playing with exhibits

Method of Transportation: 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.

SPRINGS
CHARTER SCHOOLS

BEAR RIVER
STUDENT CENTER



TK/Kindergarten

Parent Driven Field Trip



Come Visit our Museum, play with our exhibits and learn about your world! Each and every child that spends time with us leaves enriched and wanting to return.

WHEN: Friday, February 8th

WHERE: 123 S. Carmalita Street, Hemet, CA 92543

ARRIVAL TIME: 11:00AM

COST: RSCS Kinder Students: \$4.00 / Chaperones: \$4.00

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_____ # of RSCS Kinder Students (\$4.00)

_____ # of Chaperones (\$4.00 per person)

**PERMISSION SLIPS AND MONEY ARE DUE NO LATER THAN
TUESDAY, JANUARY 8TH @ 3:00PM**

THIS IS A NONREFUNDABLE FIELD TRIP

CharterSAFE 2017-2018