

South Pasadena Unified School District Permission Release

STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student/Volunteer's Name _____ has permission to participate in the following field trip:
 Organization/Group 5th grade School Marengo Grade 5th
 Teacher/Requestor in Charge Crocco, Rod, Aschiens, Webb Date of Trip 2/28/17 Day Tuesday
(Print)
 Destination/Nature of Activity: South Pasadena Library
 Special Instructions _____
(e.g., Bring sack lunch)

TRANSPORTATION BY

Bus _____ Car _____ Walking Volunteer Driver _____ Other (Specify) _____

TIME SCHEDULE

Departure from Site 9:20 am pm Destination Arrival 9:45 am pm
 Departure from Destination 11:30 am pm Return time to Site 12:00 am pm

PICK-UP AND DELIVERY POINTS

Pick-Up/School Marengo Specific Address 1400 S. Marengo, S. Pas 91030
 Unloading Location Library Specific Address 1100 Oxley St, S. Pas, 91030
 Stopping for meals Yes _____ No Lunch provided by Food Service _____ Student _____

HEALTH OR SPECIAL NEEDS

Initials: _____

	I/my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.
	I/my child have/has special health needs, and instructions are attached. Number of attached pages: <input style="width: 50px;" type="text"/>
	Other: _____

In the event of illness or injury, I do hereby consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the South Pasadena Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

SIGNATURES

Parent/Guardian/Chaperone _____ Work Phone () _____
(Signature) (Please Print) Home Phone () _____

In case of emergency or you can not be reached _____ Work Phone () _____
(Please Print) (Relationship) Home Phone () _____

Student's _____
(Signature) (Student's Date of Birth)

Family Medical Insurance Carrier _____ Policy Number: _____
(e.g., Blue Cross)

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STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student/Volunteer's Name _____ has permission to participate in the following field trip:
 Organization/Group 5th Grade School Marengo Grade 5th
 Teacher/Requestor In Charge Rod Webb/Ascheris/Orozco Date of Trip 3/2/17 Day Thursday
(Print)
 Destination/Nature of Activity: Dorothy Chandler Pavilion
 Special Instructions _____
(e.g., Bring sack lunch)

TRANSPORTATION BY

Bus _____ Car _____ Walking Volunteer Driver _____ Other (Specify) Metro

TIME SCHEDULE

Departure from Site 8:30 (am/pm) Destination Arrival 9:45 (am/pm)
 Departure from Destination 12:45 (am/pm) Return time to Site 2:00 (am/pm)

PICK-UP AND DELIVERY POINTS

Pick-Up/School Marengo Specific Address 1400 Marengo Ave. South Pasadena 91036
 Unloading Location Dorothy Chandler Pavilion Specific Address 135 N. Grand Ave. Los Angeles 90012
 Stopping for meals Yes No _____ Lunch provided by Food Service _____ Student _____

HEALTH OR SPECIAL NEEDS

Initials

	I/my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.
	I/my child have/has special health needs, and instructions are attached. Number of attached pages: <input style="width: 50px;" type="text"/>
	Other: _____

In the event of illness or injury, I do hereby consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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(Signature) (Please Print) Home Phone () _____
 In case of emergency or you can not be reached _____ Work Phone () _____
(Please Print) (Relationship) Home Phone () _____
 Student's _____
(Signature) (Student's Date of Birth)
 Family Medical Insurance Carrier _____ Policy Number: _____
(e.g., Blue Cross)

Attention!!

FIELD TRIP NOTICE

Sack lunches are available from the cafeteria for our upcoming field trip.

Two entrée choices are available:

- A) Smucker's PB&J Uncrustable w/ String Cheese
- B) Turkey Sub Sandwich



Sides will include:

- ✓ Fresh Fruit
- ✓ Carrot Sticks
- ✓ Baked Chip variety
- ✓ Chocolate Milk

Don't Miss Out!

This lunch follows nutrient guidelines and will count as a "school" lunch. It can be applied to your student's account (paid, reduced, free) or paid for when ordered.

Please fill out the form below and return to your teacher by Feb 16.

Date of Field Trip: March 2, 2017

Dorothy Chandler Pavilion

Student's Name _____ School: _____

Pin # _____ Teacher/ Classroom: _____

Entrée Choice: (circle one) Entrée "A" Entrée "B"

Please apply the field trip lunch to my child's lunch account. (Includes eligible free or reduced if balance on account).

I have enclosed \$3.00 for the purchase of the field trip lunch. (Reduced price: 40 cents)

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Student/Volunteer's Name _____ has permission to participate in the following field trip:
 Organization/Group 5th grade School Marengo Grade 5th
 Teacher/Requestor In Charge (Print) Orasco, Aschieris Date of Trip 02/09/17 Day Thursday
 Destination/Nature of Activity: JPL visit and tour
 Special Instructions _____
 (e.g., Bring sack lunch)

TRANSPORTATION BY

Bus Car _____ Walking _____ Volunteer Driver _____ Other (Specify) _____

TIME SCHEDULE

Departure from Site 8:45 (am/pm) Destination Arrival 9:15 (am/pm)
 Departure from Destination 12:00 (am/pm) Return time to Site 12:30 (am/pm)

PICK-UP AND DELIVERY POINTS

Pick-Up/School Marengo Specific Address 1400 S. Marengo
 Unloading Location JPL Specific Address La Canada, 4800 Oak Grove
 Stopping for meals Yes _____ No Lunch provided by Food Service at school

HEALTH OR SPECIAL NEEDS

Initials:

	I/my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.
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Family Medical Insurance Carrier _____ Policy Number: _____
 (e.g., Blue Cross)