

**CHULA VISTA ELEMENTARY SCHOOL DISTRICT**

Dear Parents / Guardians:

Arrangements have been made for students in **5<sup>th</sup> grade 100% Club** to participate in a study trip on **Wednesday, June 1, 2016**. We will leave Hedenkamp at **11:30 am** and return around **1:00 pm**.

We plan to go to **Sunbow Shopping Center** and will be traveling by **walking**.

YOUR CHILD MUST RETURN THE PERMISSION SLIP BELOW IN ORDER TO ATTEND.

Additional information:

**\$10.00 maximum to buy lunch.**

**Wear comfortable shoes for walking, hat for sun protection, and wear sunblock.**

Keep this portion.

**CUT ALONG THIS LINE AND RETURN THIS PORTION TO YOUR CHILD'S TEACHER**

Chula Vista Elementary School District Voluntary Study Trip and Medical Authorization

\_\_\_\_\_ has my permission to participate in the study trip scheduled for  
Child's Name

\_\_\_\_\_ by room \_\_\_\_\_.  
Date

In the event of illness or injury, I authorize and consent to any x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist. I understand this may result in expense to me.

As stated in California Education code Sections 35330-72640, I hold Chula Vista Elementary School 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 study trip.

I fully understand that students are to abide by all rules and regulations governing conduct during the study trip. I understand that should my child disobey these rules and regulations, I may be contacted to have my child returned home at my expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_, CA \_\_\_\_\_  
City Zip

If your child has a special medical problem pertinent to this study trip, please describe below: