

CHULA VISTA ELEMENTARY SCHOOL DISTRICT

Dear Parents / Guardians:

Arrangements have been made for students in room(s) 505 & 506 to participate in a study trip on 5/24/17. We will leave Heddenkamp School at approximately 12:15 p.m. and return around 1:15 p.m. We plan to go to Horizon Park and will be traveling by foot/walking (bus/private car/walking).

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

Additional information: Bring a sack lunch.

CUT ALONG DOTTED LINE AND RETURN THIS PORTION

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 of trip _____

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.

California Education Code Section 35330 provides that "all persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

In addition, California Education Code Section 35330 along with the CVESD Board Policy 6153, authorizes schools "to request voluntary student contributions for two study field trips (per class, per year) provided no student shall be prevented from making the trip because of lack of funds."

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 _____

City, State, Zip _____

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

To order a sack lunch from the school kitchen, please sign here: _____
Meals will be charged to your child's account as usual.

RETURN THIS PORTION TO YOUR CHILD'S TEACHER

CVESD 814106 - 11/2012