## OCEAN VIEW SCHOOL DISTRICT Student Participation in <u>Voluntary</u> Field Trip <u>Parental Permission</u>, <u>Assumption of Risk</u> and <u>Medical Treatment Authorization</u>

\$400.00

**CHECK ONLY** 

to the office

DUE 11/13/24

Date:	-				DUE 11/13/24	
Student Name: he following field trip:				has	s permission to participate ir	
Destination/Nature of Activi	ity: <u>Catal</u> i	ina Island Mari	<u>ne Institute at To</u>	<u>oyon Bay – 5<sup>th</sup> Gi</u>	rade	
<b>Departure</b> Date: <u>2/24/2025</u>	Time: <u>7:00 ar</u>	<u>m</u>	<b>Return</b> Date: <u>2/26/202</u>	<u>25</u> Estimate	ed Time: <u>4:30pm</u>	
D	<mark>rop Off and Pic</mark>	k Up Locatior	<mark>n: Village View</mark>	Elementary Sch	ool	
Person in Charge: <u>Mrs. Lau</u>	<u>ura Atkinson</u>	Position: <u>5th (</u>	<u>grade Teacher</u>	School: <u>Village</u>	View Elementary School	
Type of Transportation: ☑ ( Health or special needs: <i>Cl</i>		□Walking riate		<u>lina Classic Cruis</u> 3 Queens Hwy., L	<u>ses (Ferry)</u> ₋ong Beach, CA 90802	
My student has	no special need	the staff sho	uld be aware of,	, and no medicati	ion is required on the trip	
My student has	My student has a special need, and instructions are attached. Number of attached pages:					
Other:						

A sack lunch is available for field trips. Please contact your school's kitchen to order.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care 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 Ocean View School District (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 negligence of the District, its employees or agents.

		Work Phone (	)
Signature Parent/Guardian	(Please print name)		,
		Home Phone (	)
Student Signature	Student Date of Birth		
Family Medical Insurance Carrier:		Policy Number:	
In the event of an emergency, please	e contact:		
		Work Phone (	)
(Name)	(Relationship) Home Phone(  )	Cell Phone (	)
			)