

**OCEAN VIEW SCHOOL DISTRICT**  
**Student Participation in Voluntary Field Trip**  
**Parental Permission, Assumption of Risk and**  
**Medical Treatment Authorization**

**\$400.00**  
**CHECK ONLY**  
**to the office**  
**DUE 11/13/24**

Date: November 13, 2024

Student Name: \_\_\_\_\_ has permission to participate in the following field trip:

Destination/Nature of Activity: Catalina Island Marine Institute at Toyon Bay – 5<sup>th</sup> Grade

**Departure**

Date: 2/24/2025

Time: 7:00 am

**Return**

Date: 2/25/2025

Estimated Time: 4:30pm

**Drop Off and Pick Up Location: Village View Elementary School**

Person in Charge: Mrs. Laura Atkinson      Position: 5<sup>th</sup> grade Teacher      School: Village View Elementary School

Type of Transportation:  Charter Bus       Walking       Other: Catalina Classic Cruises (Ferry)  
1046 Queens Hwy., Long Beach, CA 90802

Health or special needs: *Check as appropriate*

	My student has no special needs the staff should be aware of, and no medication is required on the trip
	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.

\_\_\_\_\_  
 Signature Parent/Guardian      \_\_\_\_\_ (Please print name)      Work Phone (    ) \_\_\_\_\_

\_\_\_\_\_  
 Student Signature      \_\_\_\_\_ Student Date of Birth      Home Phone (    ) \_\_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**In the event of an emergency, please contact:**

\_\_\_\_\_  
 (Name)      \_\_\_\_\_ (Relationship)      Work Phone (    ) \_\_\_\_\_  
 Home Phone (    ) \_\_\_\_\_      Cell Phone (    ) \_\_\_\_\_