



ELK HILLS SCHOOL DISTRICT

501 Kern Street P.O. Box 129 Tupman, CA 93276
Phone 661.765.7431 Fax 661.765.4583

"Where Kids Come First!"

AUTHORIZATION FOR FIELD TRIP / **One form per student**

STUDENT NAME: _____ has permission to participate in a field trip sponsored by EHSD.

Destination: **Hart Park**
Place

Purpose: **Soccer Tournament 7th-8th**

Date: **Thurs. November 17, 2011**

Departure time: **9:30 A.M.** Return time: **2:30 P.M.**

It is my understanding that this field trip is being made pursuant to the provisions of Education Code Section 35330 and that such section provides that all persons making the field trip shall deemed to have waived all claims against Elk Hills School District or the State of California for injury, accident, illness or death occurring during or be reason of the field trip.

It is further understanding that all pupils will be under school supervision during this trip and transportation is being furnished by or under the supervision of Elk Hills School District. All students will remain on school bus to and from the field trip destination.

- **My child will need school sack lunch** YES _____ NO _____ (own lunch)
- **Chaperone(s)** YES _____ NO _____

****NOTE: LIMITED BUS SEATING AVAILABLE ~ PARENTS MAY NEED TO USE OWN TRANSPORTATION, See your students teacher for information.**

Name _____

Relation to Student: _____

We have found emergency information is often changed and the school is not always informed. For the protection of you child, the following information will be required for your child to participate on the field trip.

Parent Name: _____ CELL/Other # _____

List name and address of a relative or friend the school can contact in case of an emergency and the name of a doctor/hospital.

Name _____ Phone (home/cell) _____

Address _____

Doctor _____ Phone _____ Hospital _____

The supervisors are hereby authorized in case of emergency to obtain any and all necessary medical assistance or treatment for the above stated person, and to authorize the giving of such assistance or treatment in the place of the undersigned.

Parent/Guardian signature: _____ Date _____

Note: Arrangements will be made for any child to remain at school if this form is not returned. ***A telephone call to the school office or teacher will NOT suffice.***

PLEASE RETURN SIGNED FORM BY **Thursday November 10, 2011**