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: **CONDORS HOCKEY GAME** (Place) Bakersfield (City) Purpose**: Outstanding Attendance!**

Date: **Nov 15, 2011** Departure time: **8:45 A.M.** Return time: **2:00 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.*

Lunch is provided for students *(unless your child has special diet needs, you must provide such)*

_____I would like to be considered as a chaperone*, (I understand chaperones are assigned w/ group of students to be in-charge of, if you are approved as a group chaperone, your entry ticket is inclusive with group-trip) NO BUS SERVICE for parents for this trip, chaperones will need to provide own transportation or car-pool with other parents.

****LIMITED TICKETS AVAILABLE ONLY 1 PARENT PER CLASS Please see your childs teacher for details. No phone calls please.**
Authorized* Chaperone Name _____(must be pre-approved by teacher)
Phone#_____
**Additional tickets are available at the box office for $10 ~ this does not include lunch, nor does this guarantee seating with the group.

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

Parent/Guardian Name (print): _____ Phone # _____

List name and address of a **relative or friend** the school can contact in case of an emergency & 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: Return Permission Slip before 3:00 on Thursday. Nov. 10th, **A telephone call to the school office or teacher will NOT suffice.**

RETURN SIGNED FORM BY Thursday NOVEMBER 10, 2011