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: **Chaffee Zoo Fresno** GRADES: K-Pierce 4th Grade

Date: **November 9, 2011** Departure time: **8:30 A.M.** Return time: **Estimated 7:00 P.M.(LATE PICK-UP)**

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: My Child will need a SCHOOL SACK _____ OR LUNCH FROM HOME _____**

____√ I would like to be considered as a chaperone* (Please see your class teacher in-person. No phone calls please.) (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)

***LIMITED SEATING & ENTRY TICKETS AVAILABLE. Please see your class teacher in-person.**
No phone calls please.

Interested Chaperone Name _____ (pending approval) Phone#_____

We have found emergency information often changes and the school is not always informed. ***For the protection of your child, the following information is 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 Friday November 4, 2011 !!

A telephone call to the school office or teacher will NOT suffice.

RETURN SIGNED FORM BY Friday November 4, 2011