Grass Valley School District Summer Child Care Program

June 2019 Field Trip Permission Slip

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_

Please sign for each field trip your child will be attending.

**6/12/19 Wednesday: Del Oro**

165 Mill St. Grass Valley, CA *9:30 a.m. - 12:00 p.m*

I give permission for my child to attend the above field trip. I understand that my child will be walking to the movie theater, watching Paddington 2, and then walking back to BHA.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/13/19 Thursday: Pioneer Park Lunch & Pool** 421 Nimrod St, Nevada City, CA 95959 *11:00 a.m. -2:30 p.m.*

I give permission for my child to attend the above field trip. I understand that my child will be riding the bus to Pioneer Park, playing on the Pioneer Park playground, eating lunch in the Pioneer Park Field/Picnic area, and swimming in the Pioneer Park pool.

Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/14/19 Friday: GV Fire Station**

472 Brighton St. Grass Valley, CA 95945 *9:45 a.m. -12:15 a.m.*

I give permission for my child to attend the above field trip. I understand that my child will be walking to the Fire Station, taking a tour, and having lunch at the park afterwards. (This trip depends on if there are active fires in CA).

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/18/19 Tuesday: Roseville Aquatic Center** 3051 Woodcreek Oaks Blvd, Roseville, Ca 95747 *10:45 a.m. - 4:30 p.m.*

I give permission for my child to attend the above field trip. I understand that my

child will be riding the bus to the Aquatic Park, eating lunch at Mahany Park near the aquatic center, using water equipment, swimming, and playing in the splash park.

Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/19/19 Wednesday: Del Oro**

165 Mill St. Grass Valley, CA *9:30 a.m. - 12:00 p.m*

I give permission for my child to attend the above field trip. I understand that my child will be walking to the movie theater, watching Peter Rabbit, and then walking back to BHA.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/19/19 Wednesday: Grass Valley Library**

207 Mill St. Grass Valley, CA *12:00 p.m. -2:00 p.m.*

I give permission for my child to attend the above field trip. I understand that my child will be walking from the movie theater to the library, eating lunch at the library, and signing up for the summer reading contest, then walking back to Bell Hill Academy.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/20/19 Thursday: Pioneer Park Lunch & Pool**

421 Nimrod St., Nevada City, Ca 95959 *11:00 a.m. - 2:30 p.m.*

I give permission for my child to attend the above field trip. I understand that my child will be riding the bus to Pioneer Park, playing on the Pioneer Park playground, eating lunch in the Pioneer Park Field/Picnic area, and swimming in the Pioneer Park pool.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/24/19 Monday: Prosperity Lanes**

420 Henderson St, Grass Valley, CA 95945 *9:30 a.m. - 12:30 p.m*

I give permission for my child to attend the above field trip. I understand that my child will be walking to the bowling alley, wearing bowling shoes, engaging in bowling, and then walking back to Bell Hill Academy.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/25/19 Tuesday: Malakoff Diggins**  23579 N Bloomfield Rd, Nevada City, CA 95959 *8:30 a.m. - 1:30 p.m.*

I give permission for my child to attend the above field trip. I understand that my child will be riding the bus to Malakoff Diggins State Park, hiking, and eating lunch.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/26/19 Wednesday: Del Oro to watch Hotel Transylvania 3**

165 Mill St. Grass Valley, CA, 95945 9:30 a.m.-12:15p.m.

I give permission for my child to attend the above field trip. I understand that my

child will be walking to the Del Oro Theater, watching the provided show and

walking back to Scotten School.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**6/27/19 Thursday: Pioneer Park Lunch & Pool**

421 Nimrod St., Nevada City, Ca 95959 *11:15 a.m. - 2:30 p.m.*

I give permission for my child to attend the above field trip. I understand that my child will be riding the bus to Pioneer Park, playing on the Pioneer Park playground, eating lunch in the Pioneer Park Field/Picnic area, and swimming in the Pioneer Park pool.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**6/28/19 Friday: Artist’s Workshop**

120 Mill St, Grass Valley, CA 95945 *10:00 a.m. - 12:00 p.m*

I give permission for my child to attend the above field trip. I understand that my child will be walking to Artist’s Workshop, engaging in a painting class, and walking back to Bell Hill Academy.

Signature:X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

(All Fieldtrips are FREE of cost and children MAY NOT bring money. If a child is seen with money it will be taken by the teacher and returned to the parent upon pick up. Appropriate clothing and shoes are required at all times. Please keep in mind that the Summer Program has the same dress code and rules as Scotten School. Please follow the rules and remind your children to do the same. Thank you for helping us have successful and fun field trips for your kids!)

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.

Please be aware that California Education Code 35330 provides in part that:

***All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.***

I fully understand that participants are to abide by all rules and regulations governing conduct during this trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

I am fully aware that the above activities that I am choosing to participate in may be physically or emotionally demanding. I affirm that my health is good and that I am not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in the above activities. I voluntarily elect to participate in the program and to assume the risk of injury or harm that could result from participation. I release Grass Valley School District, Out of School time Program, its staff members and volunteers from all liability for injury harm or damage from participating in the activities whether the injury or harm is caused by the negligence of the Grass Valley School District, and Out of School time Program, its staff members or volunteers or otherwise. This release is binding upon my heirs, executors and assigns. I have read and understand this release of liability. I voluntarily sign it.

I have read and fully understand the Field Trip Information provided above and I am aware of the activities of the program and the recommendations for clothing and shoes to participate in the program.

Parent/Guardian Signature: Date:

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – MINOR

Address: Phone:

Student Signature: Date of Birth:

Emergency Phone Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier Policy No. Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs excepting those which must be kept on the student’s person for emergency use, must be kept and distributed by the staff; (3) (\_\_\_) Check here if there are no special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.