

Nuview Bridge Early College High School

Nuview Union School District

Permission to Participate in School Field Trips or Excursions

Dear Parent of AVID Students,

Your signature below will give permission for your son/daughter to participate in the following activity:

Class or Group Attending: AVID Students

Destination: The University of California, Riverside and California Baptist University

Purpose of Field Trip: To provide students with the opportunity to visit local college campus

Date: Tuesday, October 28, 2014

Time: 8:00 AM – 2:00 PM

Supervising Staff Member(s): Mr. Clarke, Alycia Efurd, Debbie Hogencamp

Means of Transportation (check): School Bus

Lunch Needed: Lunch is included in the price

Cost: \$10 CASH (includes transportation and an all-you-can-eat lunch at Cal Baptist) Due by: Friday, October 24, 2014

Special Instructions: * SPACE IS LIMITED. THERE ARE ONLY 60 SPOTS AVAILABLE AND WILL BE AWARDED ON A FIRST COME, FIRST SERVED BASIS. This is a **CASH** only trip and must be ***paid in advance***, cash must be turned in to Mr. Clarke on or before 10/24/14.

.....
Cut & return this bottom portion of slip

My child shall be directed to comply with the directions and instructions of school personnel in charge of the fieldtrip/excursion.

I hereby give the school personnel permission to use their judgment in obtaining the necessary medical service. Further, I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate.

Under the provisions of Education Code 35330, "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

I have read and understood the foregoing statement.

Destination: California Baptist University and the University of California, Riverside (Grade Levels: 9-12)

Signature of Parent/Guardian

Name of Student

Student's Cell Phone #

Address _____

Home Telephone Number

Parent Cell Number

Date

Emergency Contact: _____

Name

Telephone Number

Medical Insurance/Provider _____

Allergies/Medications _____