

8th Grade Dance & Trip
Frank Augustus Miller Middle School
17925 Krameria Ave. Riverside, CA 92504

Dear Parents,

We have two wonderful events coming up for our qualifying 8th grade students. Both events are free of charge and hopefully full of great memories. Our staff has worked hard to provide these experiences and we hope that your student will enjoy them.

Attached you will find documentation that needs to be completed, signed and **RETURNED**. Students must have signed permission slips for both events.

*** Turn ALL Forms In During LUNCH on: April 24, 25, 26th ***
There will be tables near the food court.

Required Documentation Attached:

1. Signed Permission Slip for the Dance (Blue form)
2. Signed Waiver / Completed Food Request form (for the trip) at bottom of (Yellow form)
3. Signed Consent form completed on both sides (Green form)

Trip:

Date: Friday May 31, 2013

Leave Time 8:00 a.m. – Return Time 1:45 p.m.

Dance:

Date: Friday, June 7, 2013

Time: 7:00 – 9:00 p.m.

Participation Criteria: Students must meet district promotion criteria. Students not meeting promotion criteria will not be allowed to attend either event.

• **Other disqualifying criteria:**

- Any suspension for fighting.
- Any suspension for drugs/alcohol/tobacco
- Accumulating more than 6 total days of suspension for 2012-2013
- Excessive behavioral infractions
- Failure to maintain at least a 2.0 GPA
- Having not served all assigned Saturday Schools and detentions
- Having not paid all outstanding balances, fines, and lost books

Please see trip and dance guidelines on the back of this sheet.

Trip Guidelines:

1. All students attending the trip must ride the field trip bus to and from the park.
2. Students who are not promoting may not attend the trip and are expected to attend school as usual on May 25th.
3. Any student who is not promoting, but attempting to attend the trip will be subject to suspension from school.
4. There will be swimming, games, and lunch as well as other activities at the park for students to participate in.
5. Appropriate swimming suits should be worn.
6. Students should bring a towel and sunscreen or other sun protection.
7. Lunch and snacks will be provided by PTSA. Students are not to bring additional food or drink. Water is acceptable.

DANCE:

1. No student will be given a ticket without a signed permission slip.
2. No student may leave the dance early. No in and out privileges.
3. Refreshments will be provided. No money is needed. No outside food or drink allowed.
4. Students not picked up by 9:15 will not be allowed to attend the next event.
5. Students must be in attendance the entire school day on the day of the event in order to attend.
6. See Dance permission slip for details on appropriate attire.

Frank Augustus Miller Middle School 8th Grade
“Dance” Permission Slip

Dance Date: June 7, 2013 Dance Time: 7:00 – 9:00
Parent Pick up promptly at 9:00 pm

Dance Rules:

1. NO STUDENT WILL BE GIVEN A TICKET WITH OUT THIS COMPLETED PERMISSION SLIP
2. **The dance is FREE but, ALL FINES MUST BE CLEARED PRIOR TO DANCE.**
3. The dance begins at **7:00 p.m. and ends at 9:00 p.m.** No students may leave the dance early without the signature of the parent who signed the permission slip. No in and out privileges.
4. Inappropriate attire and or behavior are not acceptable. *See Attire Guidelines below.*
5. *Students must follow all school rules as noted in the student’s Planner. NO GUM*
6. Refreshments will be provided. All food is to be eaten in the designated food area.
7. **Students not following the school rules or picked up after 9:15 p.m. will not be allowed to attend the next Miller activity.** Drop off and pick up is in front of the school.
8. Students **must be in attendance the entire day of the event** to go to the dance.
9. Students must meet participation criteria on the day of the event.

Attire Guidelines: Students not following attire guidelines will not be allowed to participate in the event.

What is appropriate?	What is NOT appropriate?
<ul style="list-style-type: none"> Dress attire Strapless or spaghetti strap dresses <u>WITH</u> a sweater or shawl. Dresses/tips cut at or <u>above</u> the armpit level at the neckline Pants that fit at the waist Dress/collared shirts with slacks or nice jeans. Shoes with small heels or wedges. Dresses that reach mid-thigh Ties, sweaters, vests or jackets for boys are acceptable but not required. 	<ul style="list-style-type: none"> Sportswear and sleepwear Prom style dresses or tuxedos Strapless or spaghetti strap dresses <u>WITHOUT</u> a sweater or shawl. Backless, see through, or mesh dresses. Dresses or tops cut below the armpit level at the neckline Sagging pants or shorts. T-shirts with suggestive pictures Shoes with large heels that may be difficult to walk in. Dresses shorter than mid-thigh Bare midriffs.

Student Name _____ **Date** _____
 (Please Print)

I understand that the dance is from 7:00 – 9:00 p.m. at Frank Augustus Miller Middle School. My child must be taken to and from this event and must be picked up by 9:00 p.m. Students are NOT allowed to walk home from the dance. I have read and discussed the rules and the dress code with my son/daughter and they will comply.

Parent Signature _____ **Phone #** _____

Adult Responsible for Pick-UP _____ **Cell:#** _____

RIVERSIDE UNIFIED SCHOOL DISTRICT

**MEAL REQUEST and WAIVER and Release Agreement
for participation in voluntary district sponsored activity**

PARTICIPANT NAME: _____

NAME OF SCHOOL: Frank Augustus Miller Middle School

Description of Activity or event: 8th Grade Middle School Field Trip to Lake Perris

Date(s) of Activity or Event: May 31, 2013

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I understand that this activity is a voluntary District-sponsored activity at Lake Perris. Although the district will provide a high ratio of adult supervisors to student participants, and Lake Perris will provide two certified lifeguards, I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that the District is providing transportation. I further acknowledge that the District does not provide medical coverage for participants in this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board or any of its officers, agents, or employees for and of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature Date Participant Signature Date

Parent/Guardian Name (Please Print) Phone Number

This <u>MEAL REQUEST</u> for food on the Field Trip MUST BE FILLED OUT:	
Famous star _____	Famous star with Cheese _____
Chicken nuggets _____	Veggie Sub with Cheese _____

DISTRITO ESCOLAR UNIFICADO DE RIVERSIDE

RENUNCIA y ACUERDO DE LIBERACIÓN PARA LA PARTICIPACIÓN VOLUNTARIA EN UNA ACTIVIDAD PATROCINADA POR EL DISTRITO

NOMBRE DEL PARTICIPANTE: _____

NOMBRE DE LA ESCUELA: Escuela Secundaria Frank Augustas Miller

Descripción de actividad o evento: Paseo del 8° grado de escuela secundaria a Lago Peris

Fecha(s) de la actividad o evento: 31 de mayo de 2013

Al firmar abajo, doy permiso para que mi hijo / a participe en la actividad descrita anteriormente. Entiendo que esta es una actividad voluntaria patrocinada por el Distrito en el Lago Perris. Aunque el distrito proporcionará una alta proporción de supervisores adultos a alumnos participantes y el Lago Perris proporcionará dos salvavidas certificados, entiendo que esta actividad podría causar una enfermedad grave y / o lesiones o muerte y asumo todos los riesgos de cualquier enfermedad y / o lesiones o muerte. Estoy informado acerca de los arreglos de transporte para esta actividad y entiendo que el Distrito proporcionará el transporte. Además, reconozco que el Distrito no provee cobertura médica para los participantes en esta actividad.

Por y en consideración de permitir que el alumno arriba mencionado participe en la actividad descrita arriba, el infrascrito voluntariamente renuncia y libera cualquier y toda acción o causa de acción por lesiones personales, lesiones corporales, daños a la propiedad o muerte injusta que ocurra a su hijo / a / dependiente o a él / ella que surja en forma alguna como resultado de su participación en dicha actividad o la misma actividad incidental o donde sin embargo el mismo puede ocurrir y por cualquier periodo que dicha actividades continúe. El infrascrito hace por él / ella, sus herederos, albaceas, administradores y beneficiarios por la presente releva, renuncia, libera a cualquier acción o causa de acción mencionadas, que en lo sucesivo puedan surgir para él / ella y para su patrimonio y acepta que bajo ninguna circunstancia él / ella o sus herederos, albaceas, administradores y beneficiarios, procesarán, presentarán una demanda por lesiones personales, lesiones corporales, daños a la propiedad o muerte injusta en contra del Distrito, su abogado o cualquiera de sus funcionarios, agentes o empleados para y de dichas causas de acción, si la misma se levantarán por la negligencia de cualquiera de dichas personas, o de otra manera. La renuncia anterior no aplica en caso de negligencia única o conducta fraudulenta del Distrito.

El infrascrito reconoce que él / ella a sabiendas y voluntariamente asume todos los riesgos de lesiones corporales graves a su hijo / a / dependiente o él / ella misma como se mencionó anteriormente, y reconoce expresamente su intención, mediante la ejecución de este documento, eximir y liberar al Distrito, sus consejeros, funcionarios, agentes y empleados de cualquier responsabilidad por daños personales, lesiones corporales, daños a la propiedad o muerte injusta que surja de o en modo alguno relacionados con la actividad descrita anteriormente. Yo he leído y entendido lo anterior y voluntariamente he firmado el presente acuerdo. Estoy consciente de los riesgos potenciales involucrados en esta actividad y estoy plenamente consciente de las consecuencias jurídicas de la firma de este documento.

Firma del padre/tutor legal
Fecha

Fecha

Firma del participante

Nombre del padre/tutor legal (letra de molde)

Número de teléfono



RIVERSIDE UNIFIED SCHOOL DISTRICT CONSENT FORM FOR FIELD TRIP

Please return this form to your child's school health office signed by the physician and the parent or guardian.

To the Parent or Legal Guardian of: Student _____

Teacher/Designee in Charge: Mrs. Grimble

Single Date: _____ Time: 8:00 a.m. To: 1:45 p.m.

Multiple Date/s: _____ Time: _____ To: _____

Destination: Lake Perris

Instructional Focus: _____

Transportation: Bus Private Auto Other _____

Student will be returned to their school and must be picked up by an adult named on the student's emergency card, if they return after school hours.

Riverside USD does not provide medical insurance for students for school related injuries. On any occasion where student emergency medical care is deemed necessary, Parent/Guardian herein authorizes such emergency transportation and/or medical attention as may be required. Further, Parent/Guardian agrees to defend, indemnify and hold harmless the Riverside Unified School District, the Board of Trustees, the individual members thereof, and all District officers, staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of participation in the field study trip and any medical or dental treatment which may be rendered to minor child student. Parent/Guardian agrees to assume the financial responsibility for such care as the treating doctor may consider necessary. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the district, its employees or agents.

THE INFORMATION IN THIS SECTION MUST BE FILLED OUT AND RETURNED TO THE SCHOOL TWO (2) WEEKS PRIOR TO THE FIELD TRIP. NO PERMISSION FOR PARTICIPATING IN A FIELD TRIP CAN BE GRANTED OVER THE TELEPHONE. If your child will be taking medication on the field trip the information on the back of this form MUST be completed by the parent and physician, unless you have a CURRENT medication administration authorization form on file at school.

Health information: (Fill out if your child is on medication at home).

Name of medication: _____ When and how often taken: _____ Dosage amount: _____

Please add information that you feel we need to know about your child's health: _____

List any known allergies to insects, food, medicines, other _____

Does your child have an Epi-pen? Yes No Does he/she have parent/physician authorization to self administer? Yes No

Does your child have an Inhaler for Asthma? Yes No Does he/she have parent/physician authorization to self administer? Yes No

Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? _____

In case of emergency, if I, the parent, cannot be reached at _____ (Home phone) Or _____ (Cell phone/Work phone)

Please contact: _____ at _____

I accept the conditions described on this form and give my consent for my son/daughter to participate in the field trip.

Date: _____
(Parent/Guardian Signature)

RIVERSIDE UNIFIED SCHOOL DISTRICT CONSENT FORM FOR FIELD TRIP

Please return this form to your child's school health office signed by the physician and the parent or guardian.

MEDICATION ORDER <u>TO BE COMPLETED BY THE PHYSICIAN</u>	
Student's Name: _____ DOB: _____	
<i>Pursuant to California Code #49423 all medications including over the counter medication brought to the field trip must be accompanied by a physicians order signed by the Physician and the Parent.</i>	
<i>These orders must include an administration time and cannot be general in nature. Any failure to comply with this code will result in the sent medication not being administered.</i>	
<i>Student may carry Epi-Pen and/or Asthma Inhaler with physician and parent authorization.</i>	

Name of Medicine	Medication prescribed for which health condition:
PRN Medications	Time(s) to be taken:
• Symptoms _____	Dosage:
• Frequency _____	
• Indications for Medical Evaluation _____	
Method of Administration:	Precaution – Possible reactions:
Date to be Discontinued	Physician's Telephone Number
Name of Physician (Please Print)	Physician's Signature Date

MEDICATION ORDER <u>TO BE COMPLETED BY THE PHYSICIAN</u>	
Student's Name: _____ DOB: _____	
<i>Pursuant to California Code #49423 all medications including over the counter medication brought to the field trip must be accompanied by a physicians order signed by the Physician and the Parent.</i>	
<i>These orders must include an administration time and cannot be general in nature. Any failure to comply with this code will result in the sent medication not being administered.</i>	
<i>Student may carry Epi-Pen and/or Asthma Inhaler with written physician and parent authorization.</i>	

Name of Medicine	Medication prescribed for which health condition:
PRN Medications	Time(s) to be taken:
• Symptoms _____	Dosage:
• Frequency _____	
• Indications for Medical Evaluation _____	
Method of Administration:	Precaution – Possible reactions:
Date to be Discontinued	Physician's Telephone Number
Name of Physician (Please Print)	Physician's Signature Date