VOLUNTARY EXCURSION/FIELD TRIP NOTICE/PERMISSION

Please print student name	Date of Birth	School
		CCE

has my permission to participate in the following voluntary activity/field trip:
Red Ribbon Community Walk

Departure Date & Time: Wed. Oct. 29th 9:15 A.M. Return Date & Time: Wed. Oct. 29th 10:15 A.M.

- I understand that the law states in California Education Code Section 35330, that the Lake Elsinore Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.

- 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 are considered necessary in the best judgment of the attending physician, surgeon, or dentist of the hospital or facility furnishing medical or dental services.

- Health Insurance company: _____ Policy #: _____
- I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in being sent home at the expense of the parent/guardian.
- **I understand that all field trips begin and end at the school.**
- Transportation will be provided by:

  ____ District Bus ____ Charter Bus ____ District Van ____ Private Vehicle
  ___✓ Not Applicable ____ Other: Please describe _____

- **IMPORTANT** Note to Parent/Guardian: (1) All medications, excepting those which must be kept on the student's person for emergency use must be kept and distributed by the staff; (2) If any medications are to be taken by student, list them and time(s) to be taken here:

  _____

  (3) If your child has a special medical problem, please attach a description of that problem.

_____ _____
Parent/Guardian Signature Date:

_____ _____
Address Telephone