

**OCEAN VIEW SCHOOL DISTRICT
 Student Participation in Voluntary Field Trip
Parental Permission, Assumption of Risk and
Medical Treatment Authorization**

\$400.00 CHECK ONLY to the office DUE 11/18/22
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Date: November 18, 2022

Student Name: _____ has permission to participate in the following field trip:

Destination/Nature of Activity: Catalina Island Marine Institute at Toyon Bay – 5th Grade

Departure

Date: 2/27/2023

Time: 7:00 am

Return

Date: 3/1/2023

Estimated Time: 4:30pm

Drop Off and Pick Up Location: Village View Elementary School

Person in Charge: Mrs. Laura Atkinson Position: 5th grade Teacher School: Village View Elementary School

Type of Transportation: Charter Bus Walking Other: Catalina Classic Cruises (Ferry)
1046 Queens Hwy., Long Beach, CA 90802

Health or special needs: *Check as appropriate*

	My student has no special needs the staff should be aware of, and no medication is required on the trip
	My student has a special need, and instructions are attached. Number of attached pages:
	Other:

A sack lunch is available for field trips. Please contact your school's kitchen to order.

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.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. As provided for in California Education Code Section 35330, I agree to waive all claims against the Ocean View School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of negligence of the District, its employees or agents.

 Signature Parent/Guardian (Please print name) Work Phone () _____

 Student Signature Student Date of Birth Home Phone () _____

Family Medical Insurance Carrier: _____ Policy Number: _____

In the event of an emergency, please contact:

 (Name) (Relationship) Work Phone () _____
 Home Phone () _____ Cell Phone () _____