

MENLO PARK CITY SCHOOL DISTRICT
Permission To Go on Field Trips or Excursions

RETURN to Ms. Bosch in the OFFICE NO LATER THAN May 13.

PARENT/GUARDIAN PERMISSION

I hereby grant permission for my son/daughter/ward, _____, to participate in the

(Name)

8th Grade Great America Field Trip

Event & Location	Date	Departure Location & Time	Pick-Up Location & Time	Transportation Provided By
Great America Santa Clara	6/09/22	Hillview 10:00 a.m.	Hillview 4:00 p.m. Note Late Pick up	District Sponsored Bus

Payment: We are asking parents to provide \$35.00 per student towards the cost of this trip. Please make checks payable to Menlo Park City School District and return with this permission slip.

If your child holds a season pass check the box here. You do not have to pay the \$35.00 fee.

Yes, I my child has a season pass

If you would like to request a scholarship, check the box here.

Yes, I would like to request a scholarship

If your child WILL NOT ATTEND this event please check the box below

NO, my child WILL NOT ATTEND this event

This field trip will extend through the lunch period. Please make sure that your student brings with them either a sack lunch which will have to be eaten outside of the park with a chaperone or money to purchase their lunch. *Great America is cashless now!* If your child brings cash to the park, they can exchange it to get a prepaid card (no transaction fees applied). If your student normally purchases a lunch from LunchMaster, please remember to cancel your order for the day of the trip.

I understand this field trip is optional and attendance by my child is not required and that an alternative activity at school will be provided if my child elects not to participate. I understand that my child is responsible to conduct him/herself according to the rules and expectations of the driver, teachers, and chaperones at all times. Should my child willfully behave in an unsafe or inappropriate manner or not follow the explicit safety and behavior expectations communicated, I understand that I may be called to pick up my child from the event. It is further understood that my child is required to travel to and return from the event on the transportation provided.

Authorization to treat a minor: In the event of illness or injury, I hereby give permission to the physician selected by the school staff to secure proper treatment for my child.

I understand that **Education Code 35330** provides that all persons making a 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 and I therefore acknowledge that as a condition of my son/daughter/ward participating in the said activity, I waive any and all claims against the Menlo Park City School District and the State of California for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date