

**GOLDEN VALLEY CHARTER SCHOOLS
FIELD TRIP PERMISSION SLIP & EMERGENCY INFORMATION**

Teacher's Name: _____ Cost of Trip: _____
Field Trip Destination: _____
Departure Date: _____ Time: _____ am/pm Return Date: _____ Time: _____ am/pm
Form must be returned by _____ in order for your child to attend

PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student _____ Parent/Guardian _____
Home # _____ Work # _____ Cell # _____

Per California law, children MUST be secured in an appropriate child passenger restraint (safety seat or booster seat) IN THE BACK SEAT OF A VEHICLE until they are at least 8 YEARS OLD or 4' 9" in height.

I agree to provide my child with the required booster seat (child is less than 8 years old or less than 4'9" tall).
 My child does NOT require a booster seat (child is 8 years old or taller than 4'9").
 My child is over 8 years old or more than 4'9" and I choose for them not to be placed in the front seat of a vehicle.

Please check the appropriate statement(s) regarding student's health:

My child has no known health issues.
 My child will/may require medication during the trip.* _____
 My child has the following health issues: _____

***NOTE: All medications (prescription, over the counter, homeopathic, etc) must be accompanied by the AUTHORIZATION FOR MEDICATION ADMINISTRATION FORM. This form must be signed by a guardian and physician. This form is available online and in the office. All medications must be submitted to the office 1 week before the field trip.**

Please Check One:

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as s/he considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as s/he considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician's Name _____ Phone: _____
Medical Insurance Name (Kaiser, etc.) _____ Medical #: _____

I do not choose the above statement and desire the following action to be taken: _____

I understand that participation in this field trip involves a certain degree of risk. I have carefully considered the risk involved and consent for my child to participate in the field trip.

My signature below authorizes my child to participate in the field trip:

(Parent/Guardian Signature) (Date)

(Original Form to be carried by person transporting student and returned to the teacher immediately upon field trip return.)

Orchard River Updated 05/24/2015