

(Attach \$10 check here using a paper clip. No staples please.)

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Date _____

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

Destination/Nature of Activity: **6TH GRADE CELEBRATION @ Begg Pool**
Special Instructions: **Students meet at MBMS steps after school. We will walk with backpacks/belongings to Begg Pool together. Belongings stored at Begg Pool. Pizza & Snack provided. DJ and prizes. Cost: \$10.**

Departure Date: **FRIDAY, March 14, 2008** Departure Time: **Immediately after school 3:00pm** Return Time: **Parents PICK-Up at Begg Pool 5:00pm**

Person in Charge: **Christina Robertson** Position: **6th grade Advisor** School: **MBMS**

Type of Transportation: District Bus/Vehicle **Walking** Other: _____

Health or special needs: Check as appropriate.

| | |
|--------------------------|---|
| <input type="checkbox"/> | My student has no special health needs the staff should be aware of, and no medication is required on the trip. |
| <input type="checkbox"/> | My student has a special need, and instructions are attached. Number of attached pages: _____. |
| <input type="checkbox"/> | Other: _____ |

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 and emergency transportation 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 Manhattan Beach Unified 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 the negligence of the District, its employees or agents.

Signature (Parent/Guardian) (Please Print Name) Work Phone () _____
Home Phone () _____

Student's Signature Student's Date of Birth _____

Family Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact:

(Name) (Relationship) Work () _____
Home () _____

PLEASE SIGN FORM AND FILL OUT COMPLETELY!