



VALLEY CHRISTIAN HIGH SCHOOL  
17700 Dumont Ave., Cerritos, CA 90703

**2023-2024 SCHOOL SPONSORED FIELD TRIP - VOLUNTARY ATTENDANCE**

Student's Name: \_\_\_\_\_ has my permission to participate in any VCHS School-related Field Trips during the 2023-2024 school year, including Wilderness Challenge trips (for those students enrolled in the class) and VCHS Service Day in late April or early May.

Before each field trip, parents will receive an email with the following information:

- \* Departure Date/Time
- \* Return Date/Time
- \* Person in Charge
- \* Type of Transportation

Health or special needs - Please check as appropriate:

- My student has no special health needs that the staff should be aware of and no medication required on school trips.
- 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 considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or 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 stated in California Education Code Section 35330, I understand that I hold the Valley Christian Schools, 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 these activities.**

\_\_\_\_\_  
Signature (Parent/Guardian)                  Print (Parent/Guardian)                  Date

\_\_\_\_\_  
Home Phone                                  Work or Cell Phone

\_\_\_\_\_  
Student's Signature                                  Date of Birth

Family Medical Insurance Carrier \_\_\_\_\_ Policy No. or Medical Record No. \_\_\_\_\_

In the event that the person above cannot be reached in an emergency, please contact:

\_\_\_\_\_  
Name                                  Relationship                                  Home Phone                                  Work or Cell Phone

**SENIOR OFF-CAMPUS LUNCH PERMISSION - FOR SENIOR PARENTS ONLY:**

The student listed on this form has my permission to leave campus for authorized senior off-campus lunches during the 2023-2024 school year.

I understand that VCHS does not provide transportation or supervision during off-campus lunches. Please check all that apply.

- My student has my permission to drive alone to lunch.
- My student has my permission to drive themselves and others to lunch.
- My student has my permission to ride with another student to lunch.

Students are allowed to leave campus at 11:40 AM and must return for their 5th period class which starts at 12:30 PM. Students will not be missing any instructional time. Students who return tardy to 5<sup>th</sup> period will forfeit the privilege of participating in the next off-campus lunch. Please indicate your approval by your choices above and signature below.

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian (please print) \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PARENTS OF STUDENTS IN SERVICE-LEADERSHIP:**

*Course introduction: Service-Leadership Projects is a project-based course which provides student leadership for all VCHS community service projects. Within the discipline of service-learning, students learn best by becoming invested in an area of need and by attempting in some small way to become part of the solution. This course requires a higher level of maturity on the part of each class member.*

**Parent Permission:** Once per week (on block days), students leave campus in private vehicles to serve local schools or agencies involved in the VCHS Service-Leadership Class. Students may not drive themselves alone.

My student has permission for the following: (check all that apply)

- To drive other students
  - Student drivers must have their license for a minimum of one year in order to have passengers in their car. Please submit a copy of the student's license to verify their eligibility to drive other students.
- To ride with another student
- I do NOT want my student driving or riding in a car. My student will stay on campus to serve at VCHS.

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian (please print) \_\_\_\_\_

Date: \_\_\_\_\_