

VALLEY CHRISTIAN HIGH SCHOOL
17700 Dumont Ave., Cerritos, CA 90703
SCHOOL SPONSORED FIELD TRIP – VOLUNTARY ATTENDANCE

Date: _____

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

Destination/Nature of Activity: All Service Projects Related to **Service-Leadership Class (4th)**
 Special Instructions: It is the student's responsibility to communicate specific project details to parents.

Departure Date: TBA Time: TBA Return Date: TBA Time: TBA

Person in charge: Jeff Westrup School Position: Teacher

Type of Transportation: School Bus Vehicle Walking _____ Other _____

Health or special needs: Check as appropriate.

	My student has no special health (physical or emotional) needs the staff should be aware of and no medication required on the trip.
	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 are 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 the 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 this activity.

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

Telephone: Home (_____) _____ Work (_____) _____

 Student's Signature Date of Birth

Family Medical Insurance Carrier _____ Policy No. _____

In the event of an emergency, please contact:

 Name Relationship Home (_____) Telephone Work (_____)

Parent signature required on the back side of this page.→

