

CALVARY CHRISTIAN SCHOOL

701 Palisades Drive, Pacific Palisades, CA 90272

Phone: 310.573.0082 Fax: 310.230.9268

Consent to Participate in School Field Trip – Student

Participation is Voluntary

Student's Name _____ Grade _____

Field trip destination _____

Date of field trip: _____

Bus leaves school at: _____ Bus returns to school at: _____

If the return time is after the normal dismissal time, parents are requested to arrange for transportation home.

This is a walking field trip

Special Instructions: (sack lunch, special clothing, etc.) _____

I hereby give my permission for my student named to participate in the above-described activity. As stated in California Education Code Section 35330, I understand that I hold Calvary Christian School and its 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.

In the event of any 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.

Signature of Parent/Guardian

Date

Health Insurance/Student Accident Insurance Carrier

California Education Code Sections 35330 and 345350 require that this statement be on file as consent and wavier of liability against Calvary Christian School. Therefore, it is important that this form be returned promptly. Thank you.

Teacher

Head of School