

Rocklin Unified School District

Parent/Guardian Field Trip Information Form

Please be aware that California Education Code 35330 provides in part that:

All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

SCHOOL: SVMS

Teacher's Name: Boutiette Date: October 19th, 2018

Destination: Rocklin High School
Place
5301 Victory Lane, Rocklin, CA 95765
Address

Self transport Transported Day Trip Walking Day Trip Overnight Trip

Departure: October 19th, 2018 4:30pm
Date Time
 Arrive Rocklin High School
Place

Return: October 19th, 2018 9:30pm (end of game)
Date Time
 Pick Up Rocklin High School
Place

Cost*: N/A Pack Lunch Yes No
(No glass containers)

Items to Bring: instrument, music, flip folder & lrc
(flip folders and lyrics are optional but highly recommended)

What to Wear: SVMS gear

Other Information: _____

* As defined in RUSD Administrative Regulation 6153 and in accordance with Education Code 35330, no student shall be prevented from making a co-curricular (class curriculum related) field trip because of lack of sufficient funds. Anyone needing financial assistance because of lack of sufficient funds, please contact the site principal or the teacher listed above.

--- KEEP THIS FORM FOR REFERENCE ---

Rocklin High School Jr. High Band Night
Friday, October 19th

Schedule:

4:30 PM – Meet and greet in the band room

4:45 PM – Rehearse with the RHS Bands

5:30 PM – Team dinner (*provided*)

6:15 PM – Line up for pregame

7:00 PM – Game time

Rocklin Unified School District
Gr 7-12 Field Trip Parent Permission & Medical Authorization Form

Return This Form to Teacher By October 12th, 2018

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FIELD TRIP: RHS Jr. High Night

School: SVMS Teacher: Bouhette

Student's Name: _____ Birth Date: _____

Address: _____

My student has my permission to participate in the following activity: RHS Jr. High Night

On the following date(s): Friday, October 19th, 2018, 4:30 - 9:30pm

Sack lunches for the field trip are available from the cafeteria at the student's regular price. Lunch accounts will be used. If you do not have money on your child's account, please apply prior to the trip. Select one of the following choices:

- Yes, please provide a sack lunch that includes a Turkey Wedge Sandwich, fruit, vegetable, a treat, and milk (circle white milk or chocolate milk)
- Yes, please provide a sack lunch that includes a Chicken Caesar Wrap, fruit, vegetable, a treat, and milk (circle white milk or chocolate milk)
- No, I will provide a lunch for my child

If this field trip involves a water activity, my student's swimming ability is:

Beginner Intermediate Advanced

Yes, I am available to chaperone, and I have fingerprint clearance

Parent's Name: _____ Home Phone: _____

Work Phone: _____

Phone where parent may be reached in case of an emergency or delay: _____

If unable to reach parent, other authorized adult: _____

Relationship: _____ Address: _____ Phone: _____

Physician's Name: _____ Address: _____ Phone: _____

Insurance Carrier's Name and Policy #: _____

Special medical considerations regarding my student (Examples: allergies to medicine, food; diabetes, etc.) _____

(ADDITIONAL INFORMATION MAY BE PUT ON THE BACK OF THIS FORM.)

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

I UNDERSTAND THAT BY SIGNING BELOW I AM GIVING PERMISSION FOR MY STUDENT TO PARTICIPATE IN THE FIELD TRIP, AND I AM GIVING MEDICAL AUTHORIZATION.

Parent/Guardian Signature _____

Date _____

Rocklin Unified School District Field Trip Travel Release Form

Please be aware that California Education Code 35330 provides in part that:

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By signing this form, _____ will be released to ride to/from the field trip with his/her parent or custodial guardian. By signing below, parents/guardians assume full responsibility for their child's transportation to/from the field trip and releases SVMS School and the teacher from any liability for your child's safety to/from the field trip.

Students are allowed to be transported by their parents or custodial guardians only.

Grandparents, older siblings, friend's parents, neighbors, etc. will not be allowed to transport students.

Today's Date October 5th, 2018
Field Trip RHS Jr High Night
Date of Field Trip October 19th, 2018
Location RHS
Teacher Boubrette

Student will be transported: (please check)

- To and From the field trip with his/her parent or custodial guardian
- Only To the field trip with his/her parent or custodial guardian
- Only From the field trip with his/her parent or custodial guardian

Parent/Guardian Signature

Date