

SAVAGE MIDDLE SCHOOL

8th GRADE TRIP CONSENT FORM

Great America
Wednesday, May 17, 2017
8:00 am – 7:00 pm

Ticket Sales

DATE: April 24th – May 2nd. Students may purchase their tickets in Student Services Office.

PRICE: \$65. You may pay by: Cash, debit card, money order or credit card. NO CHECKS ACCEPTED AFTER APRIL 13TH.

*After May 2nd, a waiting list will be started in the Student Services Office. Any remaining seats will be sold to those on the waiting list until all seats are full. ***Payment will not be accepted without the signed consent form accompanying it.***

Student Information

Advisory Teacher _____

Last Name _____ First Name _____ Birth date _____

Home Phone _____ Student Cell Phone _____ Parent Cell Phone _____

I understand and agree to the following conditions:

1. Students must report to their assigned bus line ON TIME. Check-in begins promptly at 7:55 am and buses will depart Savage at 8:15 am .
2. Students must return to their assigned bus **no later than 4:00 pm**. If student is late in excess of 15 minutes causing the bus to be returned late, the student will be responsible for any overtime fees charged by the bus company.
3. If a student is removed from the park by school or park personnel for disorderly or criminal acts, parent/guardian may be responsible for picking up student from the theme park and disciplinary actions will be given upon returning to the school.
4. School personnel have permission to administer emergency treatment for any accident or illness which may occur during the trip.
5. Buses will return to Savage between 6:30 and 7:00 PM.
6. **DISCLAIMER: A student who purchases a ticket and is not able to attend the trip for any reason (INCLUDING INELIGIBILITY) will be reimbursed \$32 for the price of their entrance ticket. Transportation fees are non-refundable. No exceptions!**

Parent/Guardian name _____ Signature _____ Date _____
(Please print)

Please fill out other side of this form →

For School Use ONLY: Date Paid: _____ CASH _____ Check# _____ Receipt # _____
Assigned to bus # _____

Curriculum Department	SYLVAN UNION SCHOOL DISTRICT FIELD TRIP PARENT PERMISSION, IMMUNITY RELEASE MEDICAL TREATMENT AUTHORIZATION	June 2015 FORM H Page 1
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I, the parent/legal guardian of _____ has permission to participate in the following field trip:

Destination/Nature of Activity: Great America Wed. May 17, 2017
(Please be specific, e.g., Dairy Tour/Washington DC trip.)

Special Instructions: _____

My child will bring a labeled sack lunch and drink from home

Pre-order a school lunch (Arrangements must be made with the school by _____)

Departure Date: Wed May 17, 2017 Time: 8am Date: Wed May 17, 2017 Return Time: 6:30-7:00 pm

Departure Location: Savage Middle School Return Location: Savage Middle School

Person in Charge: Katherine Friedmann Position: Activity Director School: Savage Middle School

Type of Transportation: District Bus Storer Bus Walking Other: _____

Health or special needs: Check as appropriate and attach instructions if applicable.

- My student has no special needs the staff should be aware of, and no medication is required on the trip.
- My student has a special need, and instructions are attached. Number of attached pages: _____
- My student has the following allergies: _____
- Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or 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.

IMMUNITY: As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

RELEASE: This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion

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

Parent Work Phone: () _____ Parent Home/Cell Phone () _____ 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 Phone () _____
Home Phone () _____
Cell Phone : () _____