

Literacy
First
Charter
School



"The tree of knowledge begins with literacy."

STUDENT: _____

TEACHER: Blair, Blackburn, Glaser, Goodhart

GRADE: First Grade

**MINOR VOLUNTARY EXCURSION/FIELD TRIP WAIVER
AND MEDICAL AUTHORIZATION**

Dear Parent/Guardian:

Kindly complete and return this signed copy to the **Literacy First Charter School**.

_____ has my permission to participate in the **following activity**:

Destination: **SEAWORLD**

Departure Date & Time: 6/5/07 @ 8:30 a.m. Return Date & Time: 6/5/07 @ 1:30p.m.

Transportation will be provided by: Grossmont Union High School Transportation Buses.

- **Each child should wear their red LFCS logo polo shirt**
- **\$5.00 for a treat**
- **Completely disposable lunch**

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 attending physician, surgeon, or dentist and performed by or under the supervision of a member of the med staff of the hospital of facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Literacy First Charter School, its officers, agents, employees, or the state of California harmless from any and all liability, financial or legal, or claims, which may arise out of or in connection with child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the activity. Any violation of these rules and regulations may result in that individual being sent home at his/her parent's expense.

Family Medical Insurance:

Address:

Policy Number: _____ Phone # _____

Doctor Name _____ Phone # _____

Signature of Student _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

Address

Phone

IN CASE OF EMERGENCY DURING THIS TRIP, PLEASE CONTACT: _____ @
PH. # _____

A special note to Parents/Guardians: (1) All medications must be registered on this form; (2) medications, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) () Check here if there are no special problems that the staff should be aware of and no medications are required on the trip; (4) If any medications are to be taken by student, list them here: (Name of medication and reason) _____. *If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.*