



LAKE ELSINORE UNIFIED SCHOOL DISTRICT
STUDENT VOLUNTARY EXCURSION/FIELD TRIP NOTICE/PERMISSION

Please print student name Date of Birth School Luiseño

has my permission to participate in the following voluntary activity/field trip:
Knotts's Berry Farm: 8039 Beach Boulevard, Buena park

Departure Date & Time: 6/3/2024 @ 9:00am Return Date & Time: 6/3/2024 @ 7:00pm

- I understand that the law states in California Education Code Section 35330, that the Lake Elsinore Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.
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 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. Any violation of these rules and regulations may result in being sent home at the expense of the parent/guardian.
I understand that all field trips begin and end at the school.
Transportation will be provided by:
District Bus District Chartered Bus District Van Parent
Other: Please describe
IMPORTANT Note to Parent/Guardian: (1) All medications, excepting those which must be kept on the student's person for emergency use (EpiPen/Inhaler) must be kept and distributed by the staff; I understand that it is my responsibility to provide all medications and the proper documentation for each medication. (2) If any medications are to be taken by student, a medication authorization MUST be provided for each medication including over the counter medication. All medication will be provided by the parent in the original container with student name, medication name, dosage schedule and route, physician's name and date of expiration of prescription.

Parent/Guardian (PLEASE PRINT) Best Contact

Parent/Guardian Signature Date

This waiver is required for participation in athletics