



# ENTERPRISE ELEMENTARY SCHOOL DISTRICT

1155 Mistletoe Lane • Redding, CA 96002

Telephone: (530) 224-4100

**Dear Parents,**

This form is to notify you of the following field trip:

Teacher's Name: Winters, Randolph, Marker School: Boulder Creek  
 Destination: David Mar Theater (Enterprise Variety Hour)  
 Educational Purpose of Trip: To share with the students the performing arts that the local high school offers.  
 Date(s) of Trip: February 21st, 2017 Depart Time: 10:50AM Return Time: 1:00PM

Transportation:  School Bus  Lunch (X applicable):  I will provide a sack lunch for my child  
 Private Car  Please provide cafeteria sack lunch at regular price/my expense  
 Other (If transporting other than on school bus, must attach and complete **Non-Sponsored Transportation Form**)

**As stated in California Education Code Section 35330, I understand that I waive all claims against the Enterprise Elementary School District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Enterprise Elementary School District, its officers, agents, volunteers, or employees.**

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 and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **I hereby authorize the staff of Enterprise Elementary School District to secure and sign for emergency medical care for my child, at my expense, when necessary.**

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

If you wish for your child to participate in this voluntary field trip, please sign this form and return it to school. No student will be allowed to go on the field trip unless the school has written permission on file.

My child, \_\_\_\_\_, has permission to attend the above voluntary activity.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Medical Insurance Carrier	Policy No.	Address
.....	.....	.....

◆ All drugs must be listed here: \_\_\_\_\_ ◆

**All drugs excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.**

- Check here if there are special problems that the staff should be aware of and no drugs are required on the trip.
- Check here if your child has a special medical condition or problem that the staff should be aware of. Kindly attach a description of that problem to this sheet.

We are requesting that parents assist us by sharing the cost of transportation, activities and events. **Payments from parents are strictly voluntary donations and all children will be able to participate regardless of contributions from their parents.**  
 Trip Donation: \_\_\_\_\_ Per-Child Fee: \$4.00 Four dollars

RETURN TO STUDENT'S TEACHER

R February 2015 CP

*\* Please consider sponsoring a student that might not be able to afford it!*