ACA II – Intermediate **FIELD TRIP PERMISSION SLIP**

Gold Panning

Location: Jamestown Gold Mining Camp
Date: Thursday, May 12, 2022
Time: 8:30am - 4:30pm (Due to the Fair, 4:30 Pick up will be at ACA - 3325 Hacienda Way)
Cost: $30 per person
Transportation: cars
Notes: students will need to pack extra set of clothes, sunblock, water shoes or boots

Permission slips MUST be turned in by Wednesday, April 27th (ACA II Policy) NO EXCEPTIONS!!
Parents, please initial by all that apply:

_____**YES**, I give permission for, _____ (name) to attend the field trip.

_____**NO**, _____ (name) will **not** attend the field trip, **but will come to school and work independently in another classroom.**

_____**NO**, _____ (name) will **not** attend the field trip, and **will not come to school,** but will do an **independent study** at home**.**

_____**YES**, I can drive _____ (full name of driver)
Number of student I can drive (including front seat) _____
*****All drivers must have verification of auto liability insurance $100,000/$300,000 on file in the office prior to the field trip. Also all drivers must have a DMV printout of their driving record on file in the office.**

*****Family volunteers must provide proof to the office of being fully vaccinated or a negative COVID 19 test dated May 9th or later. A person is fully vaccinated 2 weeks after receiving the second Pfizer or Moderna vaccine, or 2 weeks after receiving the Johnson & Johnson vaccine. At-home tests are not accepted. Chaperones have the option to get tested the day before (Wednesday, May 11th) in the office between 8:00am-3:00pm.**

_____**YES**, please order lunch from AUSD for my child. _____ **NO**, my child will bring a bagged lunch.

EACH STUDENT NEEDS THEIR OWN COMPLETED PERMISSION SLIP.

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.

As stated in California Education Code Section 35330 I understand that I hold The Learner Centered School District and its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this voluntary activity.

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 that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature:_____ Date:_____

Address:_____ Phone:_____

Student Signature:_____ Date of Birth:_____

Medical Insurance Carrier:_____ Policy No.:_____