

# REDWOOD CHRISTIAN MIDDLE SCHOOL & HIGH SCHOOL FIELD TRIP/ACTIVITY ANNOUNCEMENT TO PARENTS

CLASS/GROUP ATTENDING: Junior Class

ACTIVITY DATE: November 9, 2018

LEAVE TIME: 6pm

PLACE: RCMSHS

RETURN TIME: 9pm

PLACE: RCMSHS

PLACE TO BE VISITED: Oakland Museum of California

MODE OF TRANSPORTATION: bus

TRIP SUPERVISOR(S): Mrs. Cherry, Mr. Blatchford, Mr. Enos

DRESS CODE: Casual/ modest/ layers

TRIP COST: \$5

STUDENTS MAY TAKE THE  
FOLLOWING:

- ☒ Spending Money (approx. amt.) \$15-\$30 for food trucks
- ☐ Sack lunch of Disposable items
- ☒ Camera
- ☐ Other: \_\_\_\_\_

SPECIAL INSTRUCTIONS: NO WALKMANS, CDS, MP3, IPODS, or OTHER AUDIO-VISUAL DEVICES ALLOWED!

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## PERMISSION FORM

PLEASE RETURN THIS FORM BY 11/2/18. IF YOUR STUDENT IS TO PARTICIPATE IN THE ABOVE ACTIVITY.

My son/daughter, \_\_\_\_\_, has my permission to go with the class/group to \_\_\_\_\_. I understand that this is a school activity and will be supervised by faculty and/or parents. I further give my permission for appropriate medical care to be given my son/daughter in case of emergency.

### Medical Insurance Coverage Information (MANDATORY):

Kaiser - Medical Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Private Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any pertinent medical information (current medications/allergies/special problems/etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number where you can be reached during this activity: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

☐ I will not be picking my child up and do not want my child to take the bus back to school. I give permission for my child to be picked up by: \_\_\_\_\_