

# Visual & Performing Arts College Fair

September 22nd, 2019

Cost

**\$10**

Hosted at **UCLA**

**80+** schools in attendance!

**Bus Leaves HBHS @ 11:45 am**

**Bus Leaves UCLA @ 3:30 pm**

Pick up a **permission slip** in the **APA office** or  
**Career Center** starting **August 12th!**

**Permission Slips due by September 19th**



Huntington Beach Union High School District

Student Participation in School-Sponsored Field Trip
Parental Permission, Assumption of Risk, and Medical Treatment Authorization

Student's Name: \_\_\_\_\_ Has permission to participate in the following field trip:

Destination/Nature of Activity: VPA College Fair at UCLA
(Please be specific, e.g., Concert at UCLA.)

Special Instructions: \_\_\_\_\_
(E.g., Bring sack lunch.)

Departure Date: Sunday Sept. 22 Time: 11:45 am Return Date: Sunday Sept. 22 Time: 4:15 pm (approx)

Person in Charge: Greg Gilboe/ Susan West/ M Wait Position: HBHS staff School: HBHS

Type of Transportation: [x] District Bus/Vehicle [ ] Walking
[ ] Other: \_\_\_\_\_ (Transportation arrangements are the sole responsibility of the parent/guardian. I understand that the Huntington Beach Union High School District will NOT provide transportation and will have no responsibility for arranging student transportation, carpools, or transportation routes.)

Health or special needs:
A special note to Parent/Guardian: (1) All medications must be registered on this form; (2) All medications, excepting 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 special problems that the staff should be aware of and no medications are required on the trip; (4) [ ] If any medications or drugs are to be taken by student, list them here: (name of medication(s) and reason) \_\_\_\_\_

If your child has a special medical problem, including sever allergies, kindly attach a description of that problem to this sheet.

The Supervising Teacher or Sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include hazardous conditions or circumstances exposing the Student to potential injury, including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respectful behavior. I understand and agree that failure of the Student to follow field trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future field trips.

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 and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff 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.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Huntington Beach Union High School District (District) and hold the District, 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 activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees, or agents.

Signature (Parent/Guardian) (Please Print Name) Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_
Student's Signature Student's Date of Birth Student's ID Number
Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
(e.g., Blue Cross, Aetna, etc.)

In the event of an emergency, please contact:
(Name) (Relationship) Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_