

# GRADE 4 FIELD TRIP PERMISSION SLIP HOOVER DAM

ALL STUDENTS MUST RETURN A FIELD TRIP FORM (ATTENDING OR NOT) – see below for details

PERMISSION SLIP / PAYMENT DUE DATE: **SEPTEMBER 30, 2019** (FINAL/MUST BE ON FILE AS NOTED)

NON-COMPLIANCE will result in student ineligibility to attend and/or participate in this event.

ACCOUNT CHARGES: All accounts will be charged for student attendance; see below for additional details.

- Charges will be removed for a student returning a permission slip signed by a parent/guardian indicating he/she will not be participating.
- Chaperones will be notified by the teacher(s); once notified, charge will be added to the account for payment.

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FIELD TRIP DATE: **Wednesday, October 9**      **Pecjak/Bruland**  
**Thursday, October 10**      **Richmond/Rouse**

FIELD TRIP LOCATION: **HOOVER DAM POWER PLANT TOUR**

FIELD TRIP COST: **\$25 per student**      **\$15 per (teacher selected) chaperone**

FORM OF PAYMENT: **INFINITE CAMPUS**

TRANSPORTATION: **CHARTERED BUS**

MEALS: **STUDENT SACK LUNCH FOR PICNIC AT HEMENWAY PARK (Boulder City)**

\*\*DEPART ST. ROSE: **8:00am (both days)**

\*\*RETURN ST. ROSE: **1:00pm (both days)**

\*\*All times are approximate and depend upon road and traffic conditions; parents will be notified of any significant change in schedule for this trip.

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STUDENT LAST NAME: \_\_\_\_\_ STUDENT FIRST NAME: \_\_\_\_\_ TEACHER: \_\_\_\_\_

My student **HAS PERMISSION** to attend the **HOOVER DAM POWER PLANT FIELD TRIP.**

My Student **WILL NOT** be attending. **PLEASE RETURN THE FRONT PAGE ONLY IF YOUR STUDENT IS NOT ATTENDING.**

I understand that my child will be involved in an activity in which there is potential for bodily injury. I agree that Pinecrest Academy will not be held liable for any injuries sustained while participating in this activity.

I agree to pay the fees for this activity as detailed above. I understand that my payment includes a **\$10 NON-REFUNDABLE** deposit and that my student is expected to adhere to all rules and policies for participation on this trip.

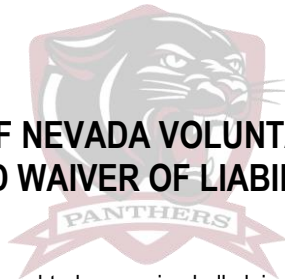
Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**PINECREST ACADEMY**

*St. Rose Campus*

1385 East Cactus Avenue, Las Vegas, NV 89183

702 750-9150



**PINECREST ACADEMY OF NEVADA VOLUNTARY FIELD TRIP PARTICIPATION  
CONSENT, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

“All persons making the field trip or excursion shall be deemed to have waived all claims against Pinecrest Academy of Nevada for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.”

**School: PINECREST ST. ROSE**

**Trip: HOOVER DAM POWER PLANT**

**Date of Trip: Oct 9 / Oct 10**

**Participant Name:** \_\_\_\_\_ **Participant DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Board of Trustees specifically prohibits the use of privately owned vehicles, operated by parents or volunteers, to transport students on school-sponsored field trips except when approved in advance by the school principal for a parent to transport his/her own child to and from the location of the activity.

By signing below, I give my consent for \_\_\_\_\_ to voluntarily attend this field trip.  
**(Please print participant’s name)**

I understand that this field trip is not a required activity of my child’s class. While field trip attendance is encouraged, it is not required. An alternative activity will be provided at the school site if my child does not attend this field trip.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE PINECREST ACADEMY OF NEVADA or ACADEMICA NEVADA, its officers, employees, board members, and agents (herein referred to as “releasees”) from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in a field trip or excursion that is sponsored, planned or directed by Pinecrest Academy of Nevada.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in a field trip or excursion that is sponsored, planned or directed by Pinecrest Academy of Nevada.
3. THE UNDERSIGNED WAIVES Pinecrest Academy of Nevada from all liability of non-refundable deposits paid by the school, shall the field trip be canceled for any reason.
4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter/ward is participating in a field trip or excursion, sponsored, planned and directed by Pinecrest Academy of Nevada.
5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

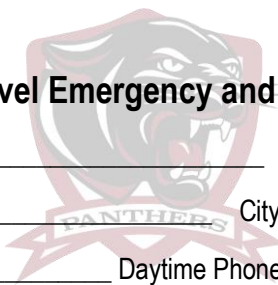
\_\_\_\_\_  
**Name of Parent/Guardian or Chaperone**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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## Student Travel Emergency and Medication Form



Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child have any health problems/allergies? No  Yes  please specify: \_\_\_\_\_

Has your child been exposed to any communicable disease within the last 21 days? No  Yes

PLEASE SPECIFY: \_\_\_\_\_

I (we) the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby consent that should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Pinecrest Academy of Nevada, its officers, or employees for medical aid rendered and will reimburse Pinecrest Academy of Nevada for all medical or other expense incurred in the care of my son/daughter/ward.

### CONSENT FOR ADMINISTERING MEDICATION – COMPLETE ONLY IF CHILD NEEDS MEDICATION DURING THIS TRIP

I (Print Parent/Guardian Name), \_\_\_\_\_ do hereby request and give my consent for a representative of Pinecrest Academy St. Rose to administer the medication as detailed below to my child, **(Print Child Name)**, \_\_\_\_\_ while attending the field trip to **HOOVER DAM POWER PLANT**

MEDICATION	DOSAGE AMOUNT & TIME NEEDED	REASON FOR GIVING	DATE/TIME/DOSAGE (TEACHER USE)	DATE/TIME/DOSAGE (TEACHER USE)	DATE/TIME/DOSAGE (TEACHER USE)

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, and proportions clearly marked. **All medication must be placed in the provided plastic bag labeled with students name and this form.** Medications not listed on this form will not be administered. Additional medications deemed necessary in the event of an emergency will be administered by licensed emergency and medical personnel only.

### SIGNATURE REQUIRED FOR ENTIRE DOCUMENT

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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