

LAKE ELSINORE UNIFIED SCHOOL DISTRICT

STUDENT VOLUNTARY EXCURSION/FIELD TRIP NOTICE/PERMISSION

Please print student name		Date of Birth	School
has	my permission to participate in the following	voluntary activity/fi	eld trip:
Dep	parture Date & Time:	Return Date & Tin	ne:
•	I understand that the law states in California Education Code Section 35330, that the Lake Elsinore Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.		
•	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 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. Any violation of these rules and regulations may result in being sent home at the expense of the parent/guardian.		
0	I understand that all field trips begin and end at the school.		
•	Transportation will be provided by:		
	District Bus District Charter Other: Please describe		
•	IMPORTANT Note to Parent/Guardian: (1) be kept on the student's person for emerging distributed by the staff; I understand to medications and the proper documentation for to be taken by student, a medication authorizincluding over the counter medication. All moriginal container with student name, me physician's name and date of expiration of property.	that it is my restor each medication. Wation MUST be predication will be predication name, do	Inhaler) must be kept and ponsibility to provide all (2) If any medications are rovided for each medication rovided by the parent in the
Parent/Guardian (PLEASE PRINT)			est Contact
Parent/Guardian Signature		<u></u>	vate

This waiver is required for participation in athletics



LAKESIDE HIGH SCHOOL

Peter Hopping, Ed. D. Principal

Daniel BosnaAssistant Principal

David DrakeAssistant Principal
Athletics Director

Jeff Glenn Assistant Principal

*Ericka Rodriguez*Assistant Principal

Aaron Nessman Lead Counselor

Courtney Gonzalez
Activities Director

<u>All aboard the ROOTER BUS!</u>

This Saturday – February 23 100 Seats Available \$5 for Bus & Ticket

NO EXCEPTIONS
Food is not provided

- 1) Turn in this Permission Slip with \$5 Cash
- 2) WEAR GREEN AND GOLD
- 3) Meet at 3:30 pm by the Gym
- **4)** Limited to first 100 students to submit their permission slip and \$5

Two Buses will depart **promptly** at 4:00 pm Returning at approximately 8:30 pm

About the Game

Our Girls Basketball Team has qualified for the **CIF Championship Game**

OH

Saturday, February 23, 2019

at

Colony High School

in

Ontario, CA

Game Starts at 5:30PM

Tickets are \$5.00