* Return all paperwork to an ADULT in the MBMS main office by October 22nd, 2008.

MANHATTAN BEACH CITY SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of Manhattan Beach Middle School School

_____ has my permission to participate in the field
(Student's Name)

trip to Long Beach Aquarium on October 29 + 30, 2008
Date(s)

Departure 4:00 10.29.08 A.M./P.M. Return 11:00 10.30.08 A.M./P.M.

Supervising Teacher Alyse McDonald

Parent, Please Note:

Section 35330 of the California Education Code states in part:

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip excursion."

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity. It is the policy of the district that students participating in educational study trips occurrng during the school day must ride the bus and/or transportation approved by the school district to and from the field trip destination with their class. Students should not be driven to the study trip location.

_____
Parent's or Guardian's Signature Date

_____
(to be removed by supervising teacher)

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgement in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

$120 Donation for cost of the trip ONLY. check made out to MBMS GATE.

_____
Student's Name

_____
Home Address

_____
Home Telephone Number

_____
Business Telephone Number of Parent or Guardian

_____
Emergency Telephone Number

_____
Health Insurance Carrier

_____
Authorization Signature of Parent or Guardian

_____
Date

PLEASE CHECK HERE IF INSTRUCTIONS FOR ... FOR MEDICAL TREATMENT FOR THE STUDENT ARE ...