## Palisades Charter High School

## REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

Che	eck the appropriate box:  Field Trip  School Journey  Curricular Trip  Athletic Trip  Curricular Buss Tour  OTHER (Describe)				
	ne of Employee Supervising trip Cathye Estes Non-Cert				
Tele	phone Number (310) 230-6623 Grade levels (Circle) (9) (0) (1) 12 OTHER				
1.	Destination Are admission fees charged? Yes No				
2.	Dates of Trips 7/27 - 7/30 3. Number of Students Number of adults 3				
4.	Name and employee number of employee who will go on trip: Carrye Estes & Amber				
5.	Tion many. God de di lallas				
6. Time schedule required by school: Leave School Arrive destination					
7.	Leave destinationReturn school  Duration of trip: Less than one day One day Overnight (if overnight, how many days?)				
8.	Method of transportation: School bus (indicate number required) Walking Automobile Public Carrier: airplane boat bus train other (explain)				
٦. 10.	Brief description of educational benefit to be derived form this activity. Please state specifically as an instructional objective (not required for athletic trips of Youth Services Activities)  The students will be attending Cheek Goodwill Ambassocion Athletis in Kenterlainer Cround Leader  Source of funds for trip  Domatica Fund Raising				
	NOTE: It is illegal to charge students or parents for participation in any activity for which ADA will be taken.				
11.	Have the locations of the nearest emergency facilities been obtained? Yes No				
12.	Have forms for parent's or guardian's permission been obtained? Yes Thou will be dobtained to see				
13.	If hiking or camping activity:  Tiene 7, 2017				
	a. Have the ranger, sheriff, police or other emergency personnel been notified of intent to be in the area?  Yes No				
	b. Has the area been checked for potential hazards? Yes				
	c. Has the School Police Department been notified of the trip? Yes No				
<b>APPR</b> Princi	ROVALS: pal or Asst. Principal Date:				
	of Trustees* Date:				
ONL	Y TRIPS INVOLVING SITES NOT ON APPROVED LIST MUST BE PROCESSED THROUGH THE PALISADES CHARTER HIGH OOL BOARD OF TRUSTEES.				

Request for Approval of School Organized Trip

## PALISADES CHARTER HIGH SCHOOL PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of PALISADES CHARTER HIGH SCHOOL

STUDENT/GR:		has my pei	rmission to participate in the field tri	ip to		
UC Irvine	on J		1- July 30, 201			
Activities planned: Check Camp				_		
Departure: 9:00 am pm Return: 5.00 apr pm	Supervis	ing Teacher: _	Cathye Estes			
Student address/home phone:						
Parent(s) emergency contact info:						
Non-parent secondary emergency contact:				Part (1980) 110		
LUNCH						
Student will be at school during lunch	METH	OD OF TRANSPO	DRTATION			
<u>.</u>		Walking	School bus			
		Private auto	Other			
□ Other						
School and the Los Angles Unified School District have no insurance covering any costs incurred for such treatment shall be my sole responsibility.  Understand the nature of the trip and recognize the problems and dangers in PCHS makes an effort to provide teacher training by the School Nurse for studiout my child's condition, if needed. I understand that ALL medication must shild to self-carry his/her own medication, it must be carried and administered afely in the trip. My student's health conditions are:  Negroup 1.	nherent in it, indent health of	ncluding that the conditions and the	ere are no medical staff. I understand t nat I can speak with the School Nurse If the School Nurse has not authorized in	that mv		
Health condition(s):		1				
Medications/health related supplies:						
Special instructions: (attach the current PCHS School Health Plan)						
Are doctor's orders on file in Health Office? YES NO  Doctor(s)/phone:Health Insurance/Policy #:  Any Student with unauthorized drugs and or alcohol will be sent home immediately at parent's/guardian's expense. Students who break curfew will be disciplined and/or sent home at the discretion of school authority at						
ARENTS PLEASE NOTE: ection 35330 of the California Education Code states in part:						
"All persons making the field trip shall be deemed to have waived all claims again during or by reason of the filed trip or excursion."	nst the district of	or the state of Cal	ifornia for injury, accident, or death occurring	ng		
Accident insurance can be purchased for a minimal daily rate by contacting the se	chool.					
I agree to direct my child to cooperate with directions and instructions of the school personnel in charge of the activity.						
Parent's or guardian's permission signature			Date			



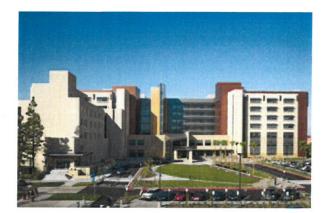
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## UC Irvine Medical Center

Office Information 101 The City Drive South Orange, CA 92868

Office Phone: 714-456-7890

Maps & Directions
Facility Map



UC Irvine Medical Center is rated among the nation's best hospitals by U.S.

<u>News & World Report</u> — for 16 years and counting — and is ranked No. 1 in Orange County, California. It is home to Orange County's only:

Adult Level I and pediatric Level II trauma centers

National Cancer Institute-designated comprehensive cancer center

Modern acute care hospital

View our UC Irvine Health fact sheet >

The medical center also provides ambulatory, rehabilitation and mental health services, as well as the full spectrum of specialty care. It is the primary teaching location for the UC Irvine Health <u>School of Medicine</u>.

Learn more about our clinical services >

Learn more about our walk-in care services >

Amenities & Services

Patient & Visitor Parking

Pharmacy

**Patient Services** 

**Visiting Hours** 

Waiting Areas

Contact a Patient

Dining Hall

Local Dining & Accommodations

Gift & Flower Shop