

Palisades Charter High School

REQUEST FOR APPROVAL OF SCHOOL-ORGANIZED TRIP FOR STUDENTS

Check the appropriate box: Field Trip School Journey Curricular Trip Athletic Trip
 Curricular Buss Tour OTHER (Describe) Cheer Camp

Name of School: Palisades Charter High School Employee Supervising trip: Cathye Estes Certified Non-Cert.
Telephone Number: (310) 230-6623 Grade levels (Circle) 9 10 11 12 OTHER _____

- 1. Destination UC Irvine 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: Cathye Estes & Amber Roehon (2)
5. Substitute required? Yes _____ No How Many? _____ Source of funds _____
6. Time schedule required by school: Leave School _____ Arrive destination _____
Leave destination _____ Return school _____
7. Duration of trip: Less than one day _____ One day _____ Overnight (if overnight, how many days?) 4
8. Method of transportation: School bus (indicate number required) _____ Walking _____ Automobile _____
Public Carrier: airplane _____ boat _____ bus train _____ other _____ (explain) _____

7. Brief description of educational benefit to be derived from this activity. Please state specifically as an instructional objective (not required for athletic trips of Youth Services Activities) The students will be attending cheer camp to work on the 5 pillars of cheer: Goodwill Ambassador/Athletesim/Entertainer/Crowd leader

10. Source of funds for trip Donation / 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 They will be obtained before June 7, 2017 No
13. If hiking or camping activity:
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 No
c. Has the School Police Department been notified of the trip? Yes No

APPROVALS:

Principal or Asst. Principal _____ Date: _____

Board of Trustees* _____ Date: _____

ONLY TRIPS INVOLVING SITES NOT ON APPROVED LIST MUST BE PROCESSED THROUGH THE PALISADES CHARTER HIGH SCHOOL BOARD OF TRUSTEES.

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 permission to participate in the field trip to
UC Irvine on July 27 - July 30, 2017

Activities planned: Cheer Camp

Departure: 9:00 am pm Return: 5:00 am pm Supervising Teacher: Cathy Estes

Student address/home phone: _____

Parent(s) emergency contact info: _____

Non-parent secondary emergency contact: _____

LUNCH

- Student will be at school during lunch
- Student should bring sack lunch without liquid
- Other

METHOD OF TRANSPORTATION

- Walking
- School bus
- Private auto
- Other

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 personnel permission to use their judgment in obtaining medical care for my child. Furthermore, I give permission for the physician selected by the school personnel to render medical care deemed necessary and appropriate by the physician. I understand that Palisades Charter High School and the Los Angeles Unified School District have no insurance covering any medical or hospital expenses incurred by my child and therefore, any costs incurred for such treatment shall be my sole responsibility.

I understand the nature of the trip and recognize the problems and dangers inherent in it, including that there are no medical staff. I understand that PCHS makes an effort to provide teacher training by the School Nurse for student health conditions and that I can speak with the School Nurse about my child's condition, if needed. I understand that ALL medication must be registered on this form. If the School Nurse has not authorized my child to self-carry his/her own medication, it must be carried and administered by the teacher in charge. I believe my student is able to participate safely in the trip. My student's health conditions are:

Allergies: (if none, state none): _____

Health condition(s): _____

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 parent's/guardian's expense.

PARENTS 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, or death occurring during or by reason of the field trip or excursion."

Accident insurance can be purchased for a minimal daily rate by contacting the school.

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



[« Return to Search](#)

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. News & World Report](#) – 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 [School of Medicine](#).

[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](#)