



# MBCS Summer Program Field Trip Form & Liability Release

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Dear Parent(s):

On **Friday, June 7th, the Summer Program** students are scheduled for a trip to **The Farm located at Hwy 68 at the Spreckles Blvd, Salinas CA 93908**. We will travel by motor vehicle with approved, licensed drivers and students will be properly supervised at all times.

During the field trip should the need arise; you may call **Mr. Voyce at (831) 899-2060 ext 700**. No child will be able to attend without a permission slip. All regular school rules are in effect. Any student who violates these rules may forfeit participation in future trips. There is no cost to the student.

### Items required:

- Students need to bring a lunch and water bottle
- Students need to wear comfortable hiking clothes and shoes.
- Students need to wear sun protection.

✂-----✂ Please cut here & return bottom portion to your child's classroom teacher by **Friday, June 7th** ✂-----✂

**YES**, my child will attend the trip to **The Farm**. As the parent/legal guardian of \_\_\_\_\_, permission is hereby given for my child to participate in this field trip. My student should **arrive at school no later than 8:30am** and be **picked at the school at approximately 3:30pm**

**NO**, my child will NOT attend this field trip. My child will remain at **home**.

I understand and acknowledge that participation in these activities involves inherent risk of injury to my child including risks associated with transportation by motor vehicle. Additionally, supervision may include special oversight and care by parent chaperones during this trip. I agree to indemnify Monterey Bay Christian School, its officers, staff, teachers & volunteers for any costs or expenses arising out of my child's participation in the activities, including the cost of any medical care given to my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent that, in my absence, the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors or Dentistry or other such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above-named minor. I have not been given a guarantee as to the results of examination or treatment. I also authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-minor.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Booster seat required (*K-3<sup>rd</sup> Grade*):  **Yes**  **No**

### MEDICAL INFORMATION

Known Allergies (including any allergies to medicine): \_\_\_\_\_

### VOLUNTEER INFORMATION

I am available to drive  I am **not** available to drive

My vehicle will hold the driver, my child, and \_\_\_\_\_ **additional** student passengers.

Driver's Name: \_\_\_\_\_ Driver's Cell Phone: \_\_\_\_\_

Make and color of car: \_\_\_\_\_ License plate number: \_\_\_\_\_