

# Linfield Christian School

## Activity Permission Slip

Name of Coordinator: **ANGIE KNECHTEL**

Class Title: **HS Wind Ensemble**

Today's Date: **OCTOBER 26, 2018**

Grade Level: **9-12**

Title of Activity: <b>Spring HS Winds College Tour</b> Location: Vanguard University, Disneyland Transportation: Tour Bus Purpose: Performance & Clinic, Band Bonding Date: Friday, March 1 - Saturday, March 2, 2019 Departure and Return Time: 7:30am 3/1 – 11:00pm 3/2 Contact person and phone number: ANGIE KNECHTEL 676-8111, ext. 1201; 909-615-7387 cell Cost per student: \$225.00 (3 payments/\$75 each due: 11/30, 1/18, 2/13) or \$225 paid in full by 11/30 at <a href="http://www.linfieldstore.com">www.linfieldstore.com</a> Cost per parent chaperone: \$230 double occupancy Students need to bring: music, instrument, overnight bag, spending money for 3 meals (dinner at South Coast Plaza; lunch and dinner at Disneyland) No formal uniform Permission slip due date: November 30, 2018 with payment (see above for options)
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My student, \_\_\_\_\_ has my permission to attend the school activity above.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

(I) (We), (Parents) (Guardians) of \_\_\_\_\_ do hereby authorize Linfield Christian School of Temecula, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care, which is deemed advisable by, and is to be rendered under, the provisions of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care, which aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### IMPORTANT DISNEYLAND INFO:

My student has a Disneyland Annual pass that is valid on March 2, 2019. (Please subtract \$110 from the cost of the tour.)

#### FOR CHAPERONES:

YES! I am willing to attend as a chaperone. I will drive my own vehicle to help transport instruments and luggage. I have included \$230 payment in full.

#### DEADLINES: (Cash or Check payable to Linfield Christian School)

Friday, November 30: Signed permission slip, \$75 deposit for students (or the online option at [www.linfieldstore.com](http://www.linfieldstore.com))

Friday, November 30: \$230 payment in full for chaperones

Friday, January 18: \$75 payment

Wednesday, February 13: \$75 final payment