

Linfield Christian School

Activity Permission Slip

Name of Coordinator: **ANGIE KNECHTEL**
Today's Date: **OCTOBER 26, 2018**

Class Title: **MS Band**
Grade Level: **6-8**

Title of Activity: **Spring MS Band Tour**
Location: Performance TBA, "Aladdin" at Segerstrom, Knotts Berry Farm
Transportation: Parent Drivers
Purpose: Ministry performance, Band Bonding
Date: Friday, March 15 - Saturday, March 16, 2019
Departure and Return Time: 8:00am 3/15 – 9:00pm 3/16
Contact person and phone number: **ANGIE KNECHTEL 676-8111, ext. 1201; 909-615-7387 cell**
Cost per student: **\$195.00 (3 payments/\$65 each due: 11/30, 1/18, 2/13)**
or **\$195 paid in full by 11/30 at www.linfieldstore.com**
Cost per adult: **\$170 double occupancy**
Students need to bring: **music, instrument, overnight bag, spending money for two meals (lunch and dinner at Knotts) Navy LCS polo, tan pants**
Permission slip due date: **Wednesday, November 30, 2018 (see above for options)**

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 KNOTTS BERRY FARM INFO:

My student has a Knotts Annual pass that is valid on March 16, 2019. (Please subtract \$35 from the cost of the tour.)

FOR CHAPERONES:

Number of drivers needed: transportation for up to 17 students (\$50 gas and parking will be covered)

YES! I am willing to attend as a chaperone. I will drive my own vehicle to help transport 4 or more students. I have included \$170 payment in full.

- Number of seatbelts for **students, including my own** (please do not include the driver): _____
- I have a DMV printout and copy of driver license and insurance on file: Yes: No:
(If not, you may order one online at www.dmv.ca.gov (click "online services")
- Cell phone number: _____

*** Linfield Christian School requires that all parent drivers, who take other students in their car, have a current (this school year) DMV printout, copy of Driver License, and proof of insurance on file. If you do not, please turn it in to the school office at least two weeks prior to the event. Thank you so much!