

Linfield Christian School Activity Permission Slip

Name of Coordinator: **ANGIE KNECHTEL**
Today's Date: **December 10, 2018**

Class Title: **ELEMENTARY BAND & CHOIR**
Grade Level: **3-5**

Title of Activity: **KNOTT'S BERRY FARM PERFORMANCE & PLAY DAY**

Location: **KNOTT'S BERRY FARM**

Purpose: **To perform for an audience and play together as friends, showing the guests at Knott's Berry Farm the love of Christ**

Date: **Friday, February 15, 2019**

Departure and Return Time: **8:00am – 9:30pm (Performance time: 11:00am at the FIESTA STAGE**

Contact person and phone number: **ANGIE KNECHTEL 676-8111, ext 1201; 909-615-7387 cell**

Cost per performer: **\$34.00 cash or check made out to LCS or online at www.linfieldstore.com**

Cost per family member: **\$34.00 (regardless of age) cash or check made out to LCS or online**

Students need to bring: **instrument, music, lunch/dinner money**

Permission slip/money due date: **on or before Friday, JANUARY 11. Please turn in to MRS. RUD OR MRS. KNECHTEL ONLY.**

My student, _____ has my permission to attend the school activity above.

Signature of parent/guardian _____ Date: _____

Cell phone number: _____ Email address: _____

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: _____

Please choose ONE option below:

- I will either personally drive or make transportation arrangements for my child with an approved parent driver.
- Please note that all parent drivers transporting children other than their own need to be approved - see below.
 - No insurance paperwork is required if the child's parent is riding along.

- I am taking my child and am willing to drive additional students who need a ride

• Number of seatbelts for **students, including my own child** (please do not include the driver): _____

• I have a current **DMV printout** and **copy of drivers license and insurance** on file: Yes No

- I am unable to arrange transportation for my child – please arrange it for me. (If plans change and your child does not need a ride after all, **PLEASE** let us know immediately, as we are planning transportation based on your need.)

***** 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's License, and proof of adequate insurance on file. If you do not, please turn it in to the school office at least two weeks prior to the event.** You may order your DMV printout online and print it immediately for only \$2.00 at the following website: <http://www.dmv.ca.gov/online/dr/welcome.htm?lang=en>

Ticket order: (Family members are welcome and encouraged to attend)

ORDER ONLINE: Tickets may be ordered for all online by visiting www.linfieldstore.com/shop/events/esknotts/

ORDER BY CASH/CHECK: Send in cash or check made payable to LCS with the permission slip. Please fill in your request below.

_____ Child PERFORMER ticket (\$34.00 each) _____ GUEST tickets (\$34.00 each regardless of age)

_____ Amount enclosed