

Linfield Christian School

Activity Permission Slip

Name of Coordinator: **ANGIE KNECHTEL**
Today's Date: **OCTOBER 18, 2021**

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

	Title of Activity: Spring MS Band/Strings Tour
	Location: Perform/Clinic at CBU, "Wizard of Oz" at CBU, Performance Fun Day at Knotts
	Transportation: Parent Drivers
	Purpose: Ministry performance, Band Bonding
	Date: Friday, April 1 - Saturday, April 2, 2022
	Departure and Return Time: 8:00am 4/1 – 9:30pm 4/2
	Contact person and phone number: ANGIE KNECHTEL 676-8111, ext. 1201; 909-615-7387 cell
	Cost per student: \$126.00 (3 payments: \$42 due 11/15; \$42 due 12/13; \$42 due 1/31) www.linfieldstore.com (click "Fees") (You may pay in full anytime by choosing multiple payments)
	Cost per adult: \$125 double occupancy, paid in full online by November 15
	Students need to bring: music, instrument, overnight duffel, cash for dinner at Knotts (pack Navy LCS polo & tan pants for Saturday, no formal uniform required)
	Permission slip due date: Monday, November 15, 2021 with \$42 deposit (paid online)

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:** _____

FOR CHAPERONES:

Number of drivers needed: transportation for up to 25 students (\$50 gas plus parking will be covered)

YES! I am willing to attend as a chaperone. I will drive my own vehicle to help transport at least 4 students and their gear. I will pay \$125 in full online by November 15 (incl all accommodations, tickets, and meals except dinner at Knotts.)

- Please confirm that you are able to transport at least 4 passengers and their gear YES
- I have a DMV Driver's Record printout and copy of driver license and insurance on file: Yes: No:
(You may order a copy of your Driver's Record 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!

DEADLINES: (Payable online at www.linfieldstore.com)

Monday, November 15: Signed permission slip, \$42 deposit for students

Monday, November 15: \$125 payment in full for chaperones

Monday, December 13: \$42 payment

Monday, January 31: \$42 final payment

You may pay in full anytime by choosing multiple payments at www.linfieldstore.com