



Dear Parents,

On Friday, June 14, we will be taking a walking field trip to Knob Hill beach area with all of the fourth grade classes to have our end-of-the year celebration. We will be leaving for the beach around 10:45 a.m. and arriving back at Alta Vista around 2:00p.m. Please join us if you wish! We are looking forward to a fun day. There are, however, a few rules for the trip:

1. Please be sure to **apply sunscreen thoroughly before** your child comes to school. This is a long time in the sun (at least we hope we have sun!) and we don't want painful sunburns to be one of the last memories of fourth grade.
2. Children **must** bring a sack lunch and drink in a backpack. Again, the day is a long one...extra food and drinks will probably be needed.
3. Children may bring a beach towel, jacket, sand toys, hat, sunglasses, etc., but will be responsible to carry their own items both ways. Please help them be realistic about what they are able to carry (It seems much heavier on the way home!).
4. Please mark all items clearly with your child's name. Please do not send your very favorites. We'll be careful, but things do get lost or forgotten in the sand.



Thanks for your cooperation,
The Fourth Grade Teachers

REDONDO BEACH UNIFIED SCHOOL DISTRICT

Office of Instructional Services

STUDENT PARTICIPATION IN DISTRICT – SPONSORED VOLUNTARY STUDY TRIP

PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student's Name: _____ has permission

(First & Last)

to participate on June 14, 2019 in the following field trip:

(Date of Study trip)

Destination/Nature of Activity: Knob Hill Beach

(Please be specific, e.g. Trip to _____ Museum)

Special Instructions: see attached letter

(e.g. Bring a sack lunch)

Departure Date: June 14 Time: 10:45 Return Date: June 14 Time: 2:00

Alvarez

Person in Charge: Tuler, Wilson, Cueva Position: teachers School: Alta Vista

Type of Transportation: School Bus/Vehicle Walking Other: _____

Health or special needs: (Check as appropriate)

My student has no special health needs the staff should be aware of, and no medication is required on the trip.

My student has a special need, and instructions are attached. Number of attached pages: _____

Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Redondo Beach Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Signature of Parent/Guardian _____ Please Print Name _____ Wk#/Cell# _____ Hm# _____

Signature of student _____ Student's Date of Birth _____

Medical Insurance Carrier e.g. Blue Cross _____ Policy Number _____

In the event of an emergency, please contact:

Name (Please Print Name) _____ Relationship _____ Wk#/Cell# _____ Hm# _____

Contact your Student's teacher regarding sack lunches for study trip.

Beverage Choice: 1% Low Fat Milk or Non Fat Chocolate Milk or 8oz Water
Fresh Sides: Bag of Crisp Baby Carrots & Piece of Fresh Fruit (Seasonal)
Sweet Treat: Box of Raisins

\$3.50 Elementary School
\$4.00 Middle School

\$4.50 Adult Lunch

Date of Field Trip: _____ Date lunch will be picked up: _____
Student's Name: _____ ID No: _____ Room # _____
(Revised 10/2017)



Redondo Beach Unified School District
CHILD NUTRITION CENTER

FIELD TRIP
SACK LUNCH FORM

Students interested in purchasing a Sack Lunch from the School Cafeteria may do so by returning this form to your classroom teacher four (4) days prior to the field trip. Students may use their Lunch Account or Cash to purchase a Sack Lunch.

The Sack Lunch includes:

Sandwich Choice: Whole Wheat Turkey & Cheese Sandwich
Beverage Choice: 1% Low Fat Milk or Non Fat Chocolate Milk or 8oz Water
Fresh Sides: Bag of Crisp Baby Carrots & Piece of Fresh Fruit (Seasonal)
Sweet Treat: Box of Raisins

\$3.50 Elementary School
\$4.00 Middle School

\$4.50 Adult Lunch

Date of Field Trip: _____ Date lunch will be picked up: _____
Student's Name: _____ ID No: _____ Room # _____
(Revised 10/2017)