

5th Grade Field Trip Griffith Observatory

Thursday, January 10

Students must arrive at Pacific at 7:30 a.m. Buses will depart at 7:45 a.m. sharp.

Weather permitting, we eat lunch on the lawn at the Observatory and return to Pacific around 1:00. Students will have regular classes until the end of the day.

Students should bring a small snack to eat before we enter the planetarium, and a brought-from-home lunch to eat after our tour.

On this standards-based field trip, students will ...

- *experience the "Water is Life" program with a trained lecturer in the planetarium*
- *take part in a demonstration and interactive session in the Leonard Nimoy Event Horizon theater on the theme of our solar system and the search for water*
- *explore interactive exhibits about the nature of the sun, energy, and the planets in our solar system*
- *visit the telescopes on the roof of the observatory*



Return the attached permission slip by Friday, December 14.

**We will take 2 chaperones per each classroom.
Please return this slip Friday, December 14, if you wish to be a chaperone.**

I am interested in being a chaperone for the Griffith Observatory Field Trip on January 10.

Child's Name _____

Parent's Name _____ Email _____

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
Parent Permission for Student Participation in Off-Campus School-Sponsored Activity

★ _____ has my permission to attend Field Trip
(Print student's full name) (Name of Activity)
 which will take place at: Griffith Observatory
(Location)
 Dates of Event: Jan. 10 2019 Class or group attending: 5th grade
 Teacher/Sponsor: Henderson, Steiter Method of Transportation: bus
Hubbard, Felix
 If traveling by automobile, name of adult driver(s): n/a

1. I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable precaution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are not considered by the district to be of "high risk" to participants.
3. Students are responsible to make up any assignments missed due to this school-sponsored field trip.

Medical Information

I, the undersigned, parent or legal guardian of the above named student, consent in advance to whatever medical treatment or procedures might be necessary for my son/daughter in case of injury or illness during the trip. Such treatment may include, but is not limited to, anesthesia, X-ray examination and medical or surgical diagnostic procedure, and shall be in the best judgment of the attending physician. I understand that every reasonable effort will be made to reach me in case of serious illness or injury.

I understand the nature of the trip and recognize the problems and dangers inherent in said. I believe that the above named student is able to participate safely in the trip, with the following restriction on activities, foods, etc.

★ List any restrictions here: _____

(Name of drug and reason for use)

Any special medical problems or instructions should be clearly explained on the back of this sheet and **signed by the parent/guardian**. All medication, except those which must be kept in the student's possession for emergency use, **MUST** be kept and distributed by the staff. All medication must be registered on this form.

- All over-the-counter medication **must be** in the original packaging.
- All prescription medication **must be** in the original prescription bottle or packaging.

★ _____
 Signature of Parent/Legal Guardian Phone Number Date

★ _____
 Medical Insurance Coverage Policy Number

For Middle School and High School Use Only:

Teacher Acknowledgement of Student Participation (School Approved Activity)

Period	Subject	Teacher Initial	Period	Subject	Teacher Initial
0	_____	_____	4	_____	_____
1	_____	_____	5	_____	_____
2	_____	_____	6	_____	_____
3	_____	_____	7	_____	_____