

**5th Grade Field Trip
to the
Ronald Reagan
Presidential Library
and Museum**



**Tuesday, October 16
Room 25 and 26**

We will see a replica of the Oval Office, examine a 6-ton piece of the Berlin Wall, and tour the Reagan Museum and Air Force One. Students will also participate in an interactive leadership experience in the Discovery Center. Reagan Library docents will lead all activities.

Students must arrive at Pacific School no later than 7:15 a.m.

The bus will leave at 7:30 a.m. sharp.
We will not hold the bus for students who are late.

We will eat sack lunches on the lawn at the Library.

The bus will try to return to Pacific by 3:00 p.m. (depending on traffic).

Return the attached permission slip by Friday, October 5th.

We may only take 2 chaperones per class.
Please return this slip by Friday, October 5, if you wish to be a chaperone.
If more than 2 parents volunteer per class, names will be selected by lottery.

I am interested in being a chaperone for the Reagan Library Field Trip on October 16.

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 _____
 (Print student's full name) (Name of Activity)

which will take place at: _____
 (Location)

Dates of Event: _____ Class or group attending: _____

Teacher/Sponsor: _____ Method of Transportation: _____

If traveling by automobile, name of adult driver(s): _____

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	_____	_____