

Siskiyou County Office of Education

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Kermith R. WaltersSuperintendent of Schools

Board of Education

John Bennett Sherry Crawford Brenda Duchi William Enos Brandon Fawaz Len Foreman Michelle O'Gorman

Parent Consent to Attend Field Trip Kidder Creek Outdoor Day Camp

Child's Name	
School	
Teacher/ Grade	
Field Trip Information	
Date	
Location/ Destinat Address	ion Kidder Creek 2700 S. Kidder Creek Rd. Etna, CA 96027
Time departing sc	hool
Time returning to school	
Transportation	
Cost per child	
Special Notes	Please be prepared to be outside with closed toe shoes. We suggest sunscreen, sweatshirt, hat, and a water bottle.
Parent Consent	
Student Name	

This activity is voluntary and your student's district of attendance will provide an alternate or regularly scheduled school activity for any student who chooses not to participate. The school and SCOE will furnish supervision for this field trip and the school / SCOE will take every precaution to assure the welfare and safety of your child participating in this activity. California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district, the Siskiyou County Office of Education, their employees and agents, and the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion. ACCORDINGLY, BY SIGNING BELOW, YOU HEREBY ACKNOWLEDGE THAT YOU RELEASE, DISCHARGE, AND WAIVE ALL CLAIMS WHICH YOU MAY HAVE AGAINST THE SISKIYOU COUNTY OFFICE OF EDUCATION, YOUR SCHOOL DISTRICT OF ATTENDANCE AND/OR THE STATE OF CALIFORNIA and their respective officers. agents, governing board and employees from all liability arising out of or in connection with the above-described activity or all liabilities associated with any and all claims related to such activity that may be filed on or behalf of or for the above-named minor. In the event of an accident or sudden illness, the school district of attendance / SCOE have permission to render whatever emergency medical treatment may be deemed necessary for the above-named student. By signing below, I acknowledge that I have read and understood the section above and I give my permission for my child to attend this field trip. Χ Name(s): Date: Please list amount of money enclosed. You may pay for your child, add additional funds to sponsor a classmate, or request a scholarship. No child will be excluded from a field trip due to funding.