



WEST HILLS COMMUNITY COLLEGE DISTRICT
555 College Ave.
Lemoore, CA 93245
FIELD TRIP/EVENT PERMIT



I hereby authorize my child, _____, to attend the 5C Experience camp on the campus of West Hills College Lemoore, 555 College Ave, Lemoore, CA 93245. The camp is from June 18th to June 28th, 2018, Monday through Thursday (8:30 a.m.-3:00 p.m.) Students will be responsible to report to pickup sites on these dates and in some cases transportation has been arranged with the school district who is sponsoring them.

PARENT/GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student _____ Parent/Guardian _____
 Home Phone # () _____ Work Phone # () _____

PLEASE CHECK 1 OR 2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

() 1. In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

Physician's Name _____ Phone # () _____
 Medical Insurance Name (Kaiser, etc.) _____ Record # _____

() 2. I do not choose the above statement and desire the following action to be taken _____

Medical Information

My son or daughter has the following medical conditions. (Please include allergies):

DATE OF TRIP: 6/18/2018 –6/28/2018 (Monday-Thursday only)
TIME OF DEPARTURE: Pick up time for bus to be announced by partner school
TIME OF RETURN: Return time for bus to be announced by partner school

Waiver: California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330). My signature on this form shall constitute an informed and knowing waiver as required by law."

My signature below authorizes my child (named above) to participate in the field trip and to be photographed for newspaper or videoed for television coverage and that the photos and video may be used on the internet (e.g- 5c Website, WHCCD Flickr site, WHCCD Social Media sites, WHCCD Youtube site):

West Hills College Lemoore and the staff of the 5C Experience would like to advise you and your child that immediate dismissal from the camp will occur upon misbehavior by your child. Decisions regarding inappropriate behavior will be under the discretion of the staff and teachers of the 5C Experience.

** Parent/Guardian Signature _____ Date _____

If you have any questions, you may call (559) 925-3203 or (559) 925-3224. On the day of the trip, you may contact staff at the following number for arrival information, emergencies, etc. *Please keep this number for emergencies: (559) 925-3250*