



Hear ye Hear ye!

Attention Lords and Ladies of the Noble CLMS 7th grade Social Studies classes. The King and his Court are requesting the honor of your presence at his castle for a journey back to the 11th Century. Join us for a roast chicken lunch (vegetarian available) on January 26, 2017 while you enjoy watching medieval games of skill including swordplay, horsemanship and even a jousting tournament between six brave Knights of the Realm!

To enjoy this review of our 7th grade studies, please contribute \$40 for transportation, and the chancellor package (lunch, show, group picture, a cheering banner, and a program).

You may want to bring:

- A camera to capture the magic!
- \$2.00 To visit the torture museum.
- Spending money for the gift shop.

Students on this trip will need to be picked up from CLMS at approx. 2:30.

Sorry, peasants on the restriction list will not be able to join us for this adventure. Be sure to work hard and stay off of that list!

Permission slips due by December 02nd-Friday.

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If you have a purple badge that is approved for CLMS and updated for the 2016-2017 school and would like to chaperone on this adventure, please fill out and return this bottom portion to your child's Social Studies teacher ASAP. Your student will then take home to you a chaperone release form. Chaperones will be selected on a first form in, first served basis. Thank you for understanding!

Student Name _____ Phone Number _____

Parent Name _____



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

E 6153(b)

VOLUNTARY EXCURSION/FIELD TRIP NOTICE/PERMISSION

Please print student name

Date of Birth

School

CUMS

has my permission to participate in the following voluntary activity/field trip:

7th Grade Medieval Times

Departure Date & Time:

1/26/17 8:30am

Return Date & Time:

1/26/17 2:30pm

I understand that the law states in California Education Code Section 35330, that the Lake Elsinore Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.

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 are considered necessary in the best judgment of the attending physician, surgeon, or dentist of the hospital or facility furnishing medical or dental services.

Health Insurance company: Policy #:

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in being sent home at the expense of the parent/guardian.

I understand that all field trips begin and end at the school.

Transportation will be provided by:

X District Bus District Chartered Bus District Van Parent

Other: Please describe

IMPORTANT Note to Parent/Guardian: (1) All medications, excepting those which must be kept on the student's person for emergency use (EpiPen/Inhaler) must be kept and distributed by the staff; I understand that it is my responsibility to provide all medications and the proper documentation for each medication. (2) If any medications are to be taken by student, a medication authorization MUST be provided for each medication including over the counter medication. All medication will be provided by the parent in the original container with student name, medication name, dosage schedule and route, physician's name and date of expiration of prescription.

Please List medications here: (3) If your child has a special medical problem, please attach a description of that problem.

Note: All student health information will be kept confidential per FERPA guidelines.

Parent/Guardian Signature

Date:

Address

Telephone

This waiver is required for participation in athletics