

**Centralia Elementary School District  
2023 Miller 6th Grade Science Camp  
PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN ORANGE  
COUNTY DEPARTMENT OF EDUCATION SPONSORED VOLUNTARY FIELD  
TRIP/EXCURSION AND ASSUMPTION OF RISK**

To the Principal of Miller Elementary School

\_\_\_\_\_ has my permission to participate in the  
(Student Name: please print)

(Field Trip /Excursion): **ECOS Science Camp in February 2023**

Supervising Teacher: **Ms. Shin and Ms. Zens**

**Method of Transportation TO (T) and FROM (F): (PLEASE MAKE NOTE OF BOTH)**

\_\_\_\_\_ Student will ride in **Private Vehicle**

\_\_\_\_\_ Student will ride with **parents**

\_\_\_\_\_ Student will ride with **authorized individual(s)**

**PLEASE NOTE:** Section 35330 of the California Education Code states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." Participants in the field trip/excursion are to abide by all rules and regulations governing conduct during the field trip/excursion and failure of a student to comply with rules may result in the student being sent home at the parent/guardian's expense. **Field trips are voluntary and a privilege; student may remain in school at parent/guardian's request.**

**ASSUMPTION OF RISK:** By signing below, I agree to waive all claims and liability against the Centralia Elementary School District ("District"), its Board members, administrators, officers, agents, and employees which may result from my child's participation in the field trip/excursion and acknowledge that the field trip/excursion and its activities may expose my child to potential harm including injury or death.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Work Phone ( )**

\_\_\_\_\_  
**Home Phone ( )**

\_\_\_\_\_  
**Signature of Authorized Individual**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

Parent authorizes the following individual(s) to pick up child from camp:

\_\_\_\_\_  
Name of individual(s) authorized

Relations of individual to student: \_\_\_\_\_

Contact Phone Number of authorized individual: \_\_\_\_\_