

SMITH FAMILY FARMS

Location: Smith Family Farms, 4350 Sellers Ave, Brentwood
Date: Tuesday, October 19
Time: 9:00am – 12:30pm
Cost: \$14.00 (check payable to ACA II or cash)
Transportation: Drive (students should bring booster seats)
Notes: We will be having lunch there. Pack a picnic style lunch.



Permission slips MUST be turned in by TUESDAY, OCTOBER 12 (ACA II Policy) NO EXCEPTIONS!!
(Please mark all boxes that apply)

- YES, I give permission for, (name) to attend the field trip.
NO, (name) will not attend the field trip, and will not come to school, but will do an independent study at home.
YES, please order a lunch from AUSD for my child. NO, my child will bring a bagged lunch.
YES, I can drive (full name of driver)
Number of student I can drive

All drivers must have verification of auto liability insurance \$100,000/\$300,000 on file in the office prior to the field trip. Also all drivers must have a DMV printout of their driving record on file in the office.
Family volunteers must provide proof to the office of being fully vaccinated or a negative COVID 19 test dated Oct 14th or later. A person is fully vaccinated 2 weeks after receiving the second Pfizer or Moderna vaccine, or 2 weeks after receiving the Johnson & Johnson vaccine. The negative COVID-19 test may not be an at-home test.

EACH STUDENT NEEDS THEIR OWN COMPLETED PERMISSION SLIP.

In the event of illness or injury, I do here by 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 and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330 I understand that I hold The Learner Centered School District and its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this voluntary activity.

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 that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Medical Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_