

THIS PAGE MUST BE RETURNED TO PRINCIPAL 6 WEEKS PRIOR TO
EVENT FOR BOARD APPROVAL

Overnight (Extended) Instructional/Athletic Trip Request

1. Trip Dates 3/15 - 3/17
2. Teacher in Charge SHERI SONKE
3. Destination TEMESCAL H.S.
4. Purpose of Trip DRILL TEAM / COLOR GUARD COMPETITION
5. Class/Group DRILL TEAM / COLOR GUARD Number of Students 60
6. Departure Date/Time/Place 3/15 9am HSMS Return Date/Time/Place 3/17 MIDNIGHT HSMS
7. Estimated Miles to Destination 285
8. Mode of Transportation BUS - ~~car~~
It is agreed that students will not ride in the back of pick-up trucks, with or without campers or shells, or in motorized campers or camper vans. All vehicles must be equipped with seat belts and all occupants must be securely buckled.
9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)

10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.)

11. Funding Source STUDENTS
12. Cost to each student \$40 EACH (PLUS FOOD)
13. Number of students attending 60 Number of teachers 1 Number of school days missed 1
14. Number of chaperones 10 Names of chaperones _____
WILL BE ON FILE IN OFFICE
15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip
BEST WESTERN
LAKE ELSINORE (951) 647-3131
16. List adults with current First Aid Training SHERI SONKE
17. All students have medical insurance? Yes or No (No)
18. Any students with special medical conditions/potential medical problems? (Yes) or No
19. Miscellaneous _____

Any changes in the above information must be reported to the principal prior to departure.

Staff Signature [Signature] Date 1-9-19
 Principal's Approval [Signature] Date 1/9/19
 BOARD APPROVED: _____

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4. Purpose of Trip _____
5. Class/Group _____ Number of Students _____
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7. Estimated Miles to Destination _____
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9. List private drivers (license # and proof of insurance must be on file with the District Office for each driver)

10. Total cost of Trip (list detailed breakdown for travel, food, lodging, etc.) _____

11. Funding Source _____
12. Cost to each student _____
13. Number of students attending _____ Number of teachers _____ Number of school days missed _____
14. Number of chaperones _____ Names of chaperones _____

15. Name, address, and phone number of hotel/motel/accommodations where trip participants will be housed overnight during the trip _____

16. List adults with current First Aid Training _____
17. All students have medical insurance? Yes or No
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19. Miscellaneous _____

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Staff Signature _____ **Date** _____

Principal's Approval _____ **Date** _____

**BISHOP UNIFIED SCHOOL DISTRICT
OVERNIGHT TRIP**

School HSM S

Emergency Medical Treatment Authorization/Parental Waiver and Hold Harmless Agreement

Dear Parent(s) or Guardian(s):

Our class is going on an instructional/athletic trip to TEMESCAL H.S.

The class will leave on FRIDAY 3/15 at 9AM (AM/PM)

and return on 3/17 at approximately MIDNIGHT (AM/PM)

The students will be transported by Bus/Car. The individual needs of your child for the trip will be: AND SOME MEDICINE CAR

Please Fill in This Portion and Return to School

_____ has my permission to go on this trip. Realizing that my child will be carefully supervised by his/her teacher, I hereby release the Bishop Unified School District from any liability that might arise from the trip.

Signed (Parent or Guardian) _____

Medical Emergency: Does this student have a medical condition that may require special medication or procedures in case of an emergency? Yes _____ No _____. If "yes", please explain: _____

Paseo/Excursión

Exhibit 6153 (b)
Página 1

BISHOP UNIFIED SCHOOL DISTRICT
AUTORIZACIÓN PARA PASEO/EXCURSIÓN *PARA MÁS DE UN DÍA*****
Escuela _____

Autorización para tratamiento médico en caso de emergencia/ Cláusula de exoneración de responsabilidad

Estimado Padre(s) o Tutor(es):

Nuestra clase está yendo a un paseo Educativo/Atlético a _____.

La clase saldrá el _____ a las _____ (AM/PM)

Y regresará el _____ aproximadamente a las _____ (AM/PM)

Los estudiantes serán transportados en autobús/auto. Su hijo necesitará lo siguiente para el viaje:

.....
Favor de llenar esta Forma y regresarla a la escuela

_____ tiene mi permiso para ir a este paseo. Sabiendo que mi hijo estará supervisado cuidadosamente por su maestro, absuelvo a Bishop Unified School District de toda responsabilidad que pueda ocurrir e en este paseo.

Firma (Padre/Madre o Tutor) _____

Emergencia Médica: ¿Este estudiante tiene alguna condición médica que pueda requerir alguna medicina especial o procedimiento en caso de emergencia? Sí ___ No ___.

Si es "Sí", favor de explicar:

TEMESCAL H.S.

ITINERARY

MARCH 15TH

STUDENTS WILL REPORT TO MPR @ 8:10AM
9:30 SONKE WILL MEET WITH PARENTS
10:00 LOAD BUS/CARS
12:00 COSO JUNCTION (Bring Lunch)
4:00 CHECK INTO HOTEL
Best Western(Plus)951 647-3131
5:00 MEET & PRACTICE IN PARKING LOT
6:30 DINNER (??)
9:30 PARENTS MEETING IN PARKING LOT
10:00 BED CHECK / LOCK-IN

MARCH 16TH

7am BREAKFAST
7:30am DEPART FOR TEMESCAL H.S.

COMPETITION ALL DAY

? AWARDS (Everyone must stay until the end)
? BUS DEPARTS FOR HOME
? DINNER @ IN-N-OUT
? HOME SWEET HOME!

