**Alain Leroy Locke College Preparatory Academy**

325 E 111th Street

Los Angeles, CA 90061

**Field Trip Permission Slip 2014-15**

I, the undersigned, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, here declare that Alain LeRoy Locke College Preparatory Academy, its officials, agents and representatives, or any individual involved in connection with this special event shall not be held in any way for any bodily injury, harm, or property damage incurred to my child.

I do hereby authorize Alain LeRoy Locke College Preparatory Academy as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the provision of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and powers on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 28.8 of the Code of California.

I understand that this special event is under the direct supervision of the staff personnel.

**Place of Event**: **Date of Event**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_10/12/14\_\_**
\_AIDS Walk Los Angeles\_\_
\_West Hollywood Park\_\_\_\_\_

 **Departure**:

 \_\_\_\_7:00AM\_ (from Locke)

 **Arrival**:

 \_\_\_\_3:30PM\_.

 EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 T-SHIRT SIZE: S M L XL

**Supervisor(s)**:

\_\_\_Mr. Quon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation**: **\_X\_** Bus

\_\_\_ Private Auto

# Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Telephone #: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_

**Additional person to contact in case of emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_

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**Reminder:**

The first 16 students to give a completed permission slip to Mr. Quon or Ms. Mofford are guaranteed a spot on the bus. Students who submit a permission slip after that point are placed on the wait-list.

Any number of students may find their own ride to the event and join us there, but please give your information to Mr. Quon or Ms. Mofford so that we can add your name to our team.

**Itinerary for the event:**

7:00 - bus arrives at Locke HS

 - leave for West Hollywood Park

8:30 – AIDS Walk Sign-In

9:15 - Opening Ceremony

10:00 - AIDS Walk begins (event takes about 2.5 hours to complete)

2:30 - leave West Hollywood Park

3:30 – return to Locke HS

**Bring your own lunch money!**

Also, parents and family are welcome to join as well, although they are encouraged to travel separately. We would like to prioritize bus seats for students.

Please let me know if you have any other questions. My contact information is below. Thanks!

Mr. Rene Quon,

Teacher, Locke HS, Academy C

Rene.quon@animo.org