

**2010 Contra Costa BioTech Summer Camp  
High School Camp and Field Trip Permission Slip**

Event: 2010 Contra Costa BioTech Summer Science Camp (CalState-East Bay, Concord Campus)  
July 11-15 2011—8:00 a.m.– 4:00 p.m.

I grant permission for my child/ward \_\_\_\_\_  
(Student Name—Please Print)

to participate in the Contra Costa BioTech Summer Science Camp being at CalState—East Bay, Concord Campus, 4700 Ygnacio Valley Road, Concord) from 8 :00 a.m. until 4 p.m. daily. I understand that in addition to five days of classroom activities, my child/ward will also be participating in several field trips throughout the week using bus transportation to and from the camp provided by the Summer Camp. To view specific field site visits, refer to the BioTech Summer Science Camp website at [www.cceconptnr.org](http://www.cceconptnr.org).

Please initial that you approve of your child/ward attending the field visits on those dates.

\_\_\_\_\_  
(Your initials here)

Child/ward should arrive at the appropriate camp location at or before 8:00 a.m. daily. Approximate time of pick-up of child/ward will be 4:00 p.m. daily during the week.

**Method of Transportation:** Please indicate how your child/ward will be arriving to and departing from the Camp during the week:

- My child/ward will be using a car to transport themselves to and from the Summer Camp and has my permission to do so.
- My child/ward will be riding with another family to and from the Summer Camp and has my permission to do so.
- I will be driving my child/ward to and from the Summer Camp.

**Student Specific Medical Needs, if any:** \_\_\_\_\_

\_\_\_\_\_  
Name of Medical Provider \_\_\_\_\_

Emergency notification number for parent/guardian: \_\_\_\_\_

Alternative emergency name & telephone number: \_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR:** In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the Summer Camp staff to secure proper treatment for my child/ward and that I will be responsible for said expense.

**Prescription or over-the-counter medication:** Please state all medications that your child/ward must take during the Summer Camp:

The Summer Camp is a welcoming environment. If your child/ward is disabled, has special needs or dietary restrictions; we will gladly accommodate his/her needs. Please list your child/ward needs below:

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS PERMISSION SLIP.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian Name (please print) \_\_\_\_\_

- I understand that my child/ward has received approval from me to participate in the Summer Camp. This enrichment opportunity is under the direct supervision of at least one teacher and all precautions are taken to ensure each student's welfare.
- I understand that my student must arrive to the Summer Camp on time. If college credit is being given, in order for my child to receive 1.0 college credits for Summer Camp participation, students must arrive on time. Teachers may incorporate attendance and daily camp participation within their assessment of student's completion of this course. The field trips incorporated into the Summer Camp experience are an important part of the curricula. Although teachers will, of course, make every effort to assist students who are absent, they cannot deliver individual lectures or demonstrations, instruction or labs to accommodate absenteeism. College credit (if applicable) and class attendance are directly proportional.
- I understand that all students going to the Summer Camp and on the field trips will be responsible in conduct to the teacher, bus driver, chaperones and, if applicable, adult sponsors, at all times. I understand that ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.
- I understand that students are required to go and return from the field trips on the transportation provided, unless proper arrangements have been made and agreed to in writing by the Summer Camp lead teacher.
- I understand that all field trips will begin and end at the designated camp location (see dates and locations on page 1) unless I have made prior arrangements to pick up my child/ward or have my child/ward dropped off at an alternative location. I understand that I must inform the Summer Camp personnel of these arrangements in writing on or before the first day of the Summer Camp.
- I hereby acknowledge that I have been advised whether or not the activities in this Summer Camp, which includes several field trips, are considered to be of "high risk" to participants.
- The Summer Camp does not provide students with field trip or camp accident insurance. Parents who do not have medical insurance that covers their children are strongly advised to consider alternative student accident insurance that is available. The Summer Camp does not sell private vendor insurance.
- It is understood and agreed that this Summer Camp and field trips shall constitute an event for the purposes of California Education Code Section 35330 waiver provided below.

#### WAIVER OF CLAIM

I understand that California Education Code Section 35330(d) provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the Summer Camp or the State of California for injury, illness or death occurring during or by reason of the Summer Camp or field trips. I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the Summer Camp, its teachers and volunteers, and all other agents from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney fees) for any harm, injury or death arising out of the above-named Summer Camp and field trips.

With teacher or sponsor approval, a high school student may meet at and/or leave from the destination on his/her own. If this option applies to your child/ward and you approve, please sign below. Otherwise, he/she will be required to arrive and leave with the supervising teacher/sponsor. Under this option, the Summer Camp will not be liable for any incidents. In addition, student drivers may NOT transport any other student to any of the field trip locations.

#### PERMISSION FOR STUDENT TO DRIVE TO AND FROM FIELD TRIP

I certify that my son/daughter/ward has a valid driver's license and that the vehicle is properly registered and has full liability insurance coverage. My high school student has my permission to drive to and from field trips scheduled for the Summer Camp referenced in this document on his/her own. I accept full responsibility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# PHOTO/VIDEO/WEB SITE RELEASE FORM

Dear Parent/Guardian:

*On occasion, representatives from the media or the Contra Costa County Office of Education wish to photograph, videotape, and/or interview students in connection with school programs or events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the programs we offer to children and families.*

*In order to release student photos, video footage, comments and/or post on the county Web site, we need written permission. To give your consent, please complete the form below.*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media or the Contra Costa County Office of Education for the purpose of publicizing educational programs. I authorize the use and reproduction by the Contra Costa County Office of Education or anyone authorized by the County Office of Education of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. All of these photographs/video recordings shall be the property, solely and completely, of the Contra Costa County Office of Education. I waive any right to inspect or approve the finished photographs/videotapes, and the sound track, script or printed matter that may be used in conjunction with them.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**OR** \_\_\_\_\_ I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature of subject: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contra Costa County Office of Education  
77 Santa Barbara Road  
Pleasant Hill, CA 94523

