PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

<table>
<thead>
<tr>
<th>School: Lincoln Middle School</th>
<th>Teacher: Principal Hans</th>
<th>Date: 9/27/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name: ---------------</td>
<td>General Information</td>
<td>Club: Golf Club</td>
</tr>
<tr>
<td>Trip Destination: Alameda Municipal Golf Course</td>
<td>Phone No. (510)747-7800</td>
<td></td>
</tr>
<tr>
<td>Address: 1 Clubhouse Memorial Rd, Alameda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We will meet at: the golf course</td>
<td>Place of Lodging: N/A</td>
<td></td>
</tr>
<tr>
<td>On (dates) 10/4/2017, 10/11/17, 10/18/17, 10/25/17, 11/1/17, 11/8/17, 11/15/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At about (time): 4:00 AM PM</td>
<td>Minimum number of adults/chaperones: 1</td>
<td></td>
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</tbody>
</table>

Type of Transportation

- [ ] District Vehicle
- [ ] Commercial Transportation
- [ ] District Bus
- [X] Other (explain) Must meet at the Golf Course by the putting green.

In the event of an accident or illness, I do hereby 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.

*It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through AIG. You can enroll online at: www.studentinsuranceusa.com

(Information on Page 2 must be completed prior to submitting consent form)
LMS Golf Club Permission Slip
No Clubs Needed

A special note to Parents/Guardians regarding prescription medication/drugs:

(1) All drugs must be registered on this form;
(2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
(3) __ Check and initial here if there are special problems that the staff should be aware of and if any drugs are required on the trip;
(4) If medication or drugs are to be taken by the student, list them here: ____________________________. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employers.

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.

Student Name (please print): ____________________________________________

Home Address: ________________________________________________________

Evening Phone: ____________  Cell Phone: ____________  Day Phone: ____________

Emergency Contact: ___________________________________________  Emergency Phone: ____________

Medical Insurance Carrier __________________________  Policy No. ____________

Parent or Guardian Name (please print): __________________________________

Signature of Parent/Guardian: ____________________________  Date: ____________

Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to the school before the student can participate in the activity.