



RIVER CITY SCIENCE ACADEMY

Field Trip Permission Slip
Field Trip Information & Permission Slip



Date	April 12th - April 13th	Departure Time	1:30pm	Arrival to School	5:00am April 13th
Location	6000 Universal Blvd, Orlando, FL 32819 - Islands of Adventure & Universal Studios				
Cost	\$ 210.00 per student The permission slip must be turned in to be able to attend.				
Transportation	Charter Bus (50 maximum occupancy, to be sold on a first come first serve basis)				
	<p>**Dress Attire**</p> <p>-Must follow Universal Studios Dress Code, this will be distributed and posted around campus prior to the event.</p> <p>**Food**</p> <p>- You are responsible for purchasing your own food at this event. You will be locked inside of Universal Studios from 4:00pm until 2:00am.</p> <p>**What to Bring**</p> <p>Your student may bring an item to engage while traveling on the bus. However, please be aware RCSA, its employees, and chaperones are not responsible for lost or damaged items taken on the field trip. For this reason, expensive or fragile items are not recommended.</p> <p><u>There are a limited amount of spaces on the bus available. Seats will be distributed on a first come first served basis. Payments will be accepted starting January 20th at noon. The school pay link and permission slips will be distributed online via RCSA Connect.</u></p> <p><u>Behavior Requirements</u></p> <p>Starting from (January 20th, 2024), students' disciplinary records will be monitored closely. All referrals will be brought to the disciplinary committee to discuss the ability to attend. Once tickets are purchased, refunds will not be given for ANY reason.</p>				

School Pay Link QR Code

<https://www.schoolpay.com/pay/for/GRAD-BASH-202324-SY/ScgKnDh>



RIVER CITY SCIENCE ACADEMY MIDDLE HIGH

Field Trip Permission Slip

Please detach and return this portion to your child's teacher by January 26th, 2024.

By signing below, I acknowledge and agree as follows: (*Parent/Guardian sign and fill in student information below)

I give permission for my child _____ to attend the field trip to **(Grad Bash, Universal Studios 6000 Universal Blvd, Orlando, FL 32819)** on **(April 12th 1:30pm to April 13th 5:00am)**.

I also confirm that River City Science Academy Schools assumes no liability during events or transportation that may cause injury or damage. My student is healthy enough to participate in this event. In case of an emergency, medical staff may perform any procedures on my behalf. **Initial** _____

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or Universal Studios Employees, with transportation to be provided in the described manner (Charter Bus). **Initial** _____

2. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result, from future Field Trips. **Initial** _____

3. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administer or authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. **Initial** _____

4. Starting Today **(January 8th, 2024)** students' disciplinary records will be monitored closely. All referrals will be brought to the disciplinary committee to discuss ability to attend. Once tickets are purchased, refunds will not be given for ANY reason. **Initial** _____

5. Any student removed from the theme park by Universal Studios Police or staff will require parent pick up from Universal Studios 6000 Universal Blvd, Orlando, FL 32819. **Initial** _____

Student's Name: _____ Grade: _____

Homeroom Teacher _____

In case of an emergency please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____