Dear Fifth Grade Parents, 9/13/2024

I am pleased to announce that all of the fifth graders from Ober Elementary have been invited to attend a concert given by the Las Vegas Philharmonic Orchestra. This will be a wonderful opportunity for them to hear a professional orchestra on stage. Here's even BETTER news: The tickets are FREE!!!!

We will be attending the concert on **October 2nd, 2024** from 11:45 am- 1:30 pm. The concert will be at the Smith Center! We will eat lunch at school when we return from the field trip. If you have any questions or concerns, please call Mrs. Dressler (music teacher) on Dojo or email!

Please sign and fill out all accompanying paperwork. Return to the classroom teacher before Friday 9/20/2024.

Thanks!

Mrs. Dressler, Music Teacher

dressed@nv.ccsd.net

over →

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___ I give permission for my child to attend this field trip

-OR-

___ I do NOT give my child permission to attend this field trip

___ My child will be eating a school sack lunch

-OR-

___ My child will pack their own lunch

Child's Name_____

Parent/Guardian Name_____

Child's *Classroom* Teacher_____

MB

If you are interested in being a chaperone, please fill out and detach the bottom portion of this form and return it with your child on or before September 20, 2024. Remember to chaperone our field trip, you must have attended Ober's Volunteer training. If we receive more than the number of allotted chaperones, there will be a lottery held to select chaperones and you will be notified if you are selected. Keep in mind, we will be taking other field trips later in the year and we also do our best to make sure every parent who wants to chaperone is afforded the opportunity.

Thank you!

Yes! I am interested in being a chaperone on the field trip.

Child's Name:_____

Parent/Guardian's Name:_____

Phone Number:_____

Email Address: _____

STUDENT MEDICAL PERMISSION FORM

New form must be completed for each trip
(Please print or type)

Student Name: _____ Sex: _____ Date of Birth: _____
Last First MI

Student ID: _____ Address: _____
Number & Street City State ZIP

Home Phone: (_____) _____ School: OBER Teacher: BOELTER

Field Trip Destination: SmithCenter Date(s) of Trip: 10/2/2024

Emergency Information

Parents/Guardian Name(s): _____

Cell/Work/Home Phone: (_____) _____ or (_____) _____

Emergency Contact *(if parents cannot be reached)*: _____ Phone Number: (_____) _____

Physician's Name: _____ Phone Number: (_____) _____

Medical and Prescription Information

Does your student have any health conditions? ○ Yes ○ No If yes, please describe: _____

_____

Will your child be attending a field trip that extends beyond regular school hours? ○ No ○ Yes
If your child requires medication or a health procedure that is not administered at school, the health office will need appropriate paperwork and Licensed Health Care Provider (LHCP) orders at least ten days prior to the trip. For questions, concerns, or to obtain the required forms, please contact your child's school health office.

Please check the appropriate box below:

☐ My child does not require any medication on the field trip.

☐ My child requires an inhaler or Epi-pen.

- Licensed Health Care Provider Orders and CCF 643 Parent/Guardian Permission Form are required.
- Per NRS 392.425, permission is required from your Licensed Health Care Provider for your student to carry and self-administer these medications. (Obtain this form HS-96 in the Health Office)

☐ My child requires diabetic care during the field trip.

- Extended care orders are required for care outside of the school day.
- Licensed Health Care Provider orders and CCF 643 Parent/Guardian Permission Form are required.

☐ My child requires medication or a health procedure during the field trip.

- Medications must be in an appropriately labeled bottle from the pharmacy and less than 1 year old.
- Over the counter medications require a prescription from a Licensed Health Care Provider and must be in the original container. The prescription must include student's name, dose, time, and indication for use.
- Licensed Health Care Provider orders and CCF 643 Parent/Guardian Permission Form are required.

☐ **FOR SECONDARY STUDENTS ONLY:** My child is able to self-administer his/her medication (except for controlled substances) during the field trip.

- Medications must be in an appropriately labeled bottle with a written statement that the student may carry and self-administer the medication.

The following medications/procedures are required:

Medication	Dose	Time(s)
Medication	Dose	Time(s)
Medication	Dose	Time(s)
Health Procedure (Licensed Health Care Provider orders required)		Time(s)

If medical information/needs change during the school year, please contact the school nurse.

I, the parent or legal guardian of _____ (my child), authorize and direct the Clark County School District (CCSD) to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

Parent/Guardian Print	Parent/Guardian Signature	Date

Clark County School District

FIELD TRIP PERMIT

CCF-796
9/23

Student Last Name _____ Student First Name _____

I request that my child be allowed to participate in an authorized Clark County School District Field Trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperone will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs during the trip.

OVERNIGHT FIELD TRIP

When students attend an overnight field trip, consideration will be made on a case-by-case basis for individual requests for privacy and accommodations. Individuals with specific questions regarding overnight field trips should contact the school site administrator.

NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

CCSD does not discriminate against any person on the basis of race, creed/religion, color, national or ethnic origin, sex, gender identity or expression, sexual orientation, disability, marital status or age, in admission or access to, treatment or employment, or participation in its programs and activities, and provides equal access to the Boy Scouts of America and other designated youth groups, pursuant to federal and state laws including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Individuals with Disabilities Education Improvement Act (IDEA), and the Boy Scouts of America Equal Access Act.

☐ I **do** wish for my child to take part in the school field trip.

_____
Printed Name of Parent / Guardian

_____ _____
Signature of Parent / Guardian Date

Phone: _____ Work Phone: _____

In case of emergency, contact: _____
Name Phone Number

Please note any medical information which would be of help: (i.e. allergies, medications to avoid, current medications, etc.)

☐ I **do not** wish my child to take part in the school field trip.

_____
Printed Name of Parent / Guardian

_____ _____
Signature of Parent / Guardian Date

CCSD CLARK COUNTY SCHOOL DISTRICT

Distrito Escolar del Condado de Clark

PERMISO PARA EXCURSION

CCF-796
9/23

Apellido del Alumno _____ Nombre _____

Deseo que mi hijo participe en excursiones autorizadas por el Distrito Escolar del Condado de Clark. Entiendo que una persona adulta responsable supervisará a mi hijo mientras esté fuera de la escuela, esta persona tomará las medidas razonables para ofrecer protección de daños y lesiones a mi hijo.

Entiendo que esta es una actividad supervisada. Para mantener el orden, se espera que los estudiantes obedezcan las reglas, estándares e instrucciones para el comportamiento estudiantil. Yo eximo y libero de toda demanda en contra de empleados o agentes del Distrito Escolar del Condado de Clark que surjan del incumplimiento de mi hijo para permanecer bajo dicha supervisión. Si en cualquier momento el comportamiento de mi hijo es incompatible con el estándar para el comportamiento estudiantil, no se permitirá su participación en lo futuro.

En caso de que mi hijo sufra una lesión, se enferme o sufra un accidente mientras esté fuera, entiendo que la persona adulta responsable buscará atención médica para mi hijo, y que la escuela se pondrá en contacto conmigo lo más pronto posible, y que yo seré financieramente responsable por el tratamiento médico. Además, estoy de acuerdo en liberar de responsabilidad al Distrito Escolar del Condado de Clark, sus empleados y agentes por cualquier lesión o enfermedad causada por la negligencia de personas que no son empleados o agentes del Distrito Escolar del Condado de Clark, cuando dicha lesión o enfermedad suceda durante el viaje.

VIAJE CON ALOJAMIENTO FUERA DE CASA

Cuando los estudiantes asistan a un viaje con alojamiento fuera de casa, se considerarán caso por caso las solicitudes individuales de privacidad y alojamiento. Las personas con preguntas específicas respecto a los viajes con alojamiento fuera de casa deberán ponerse en contacto con el administrador del plantel escolar.

AVISO CONTRA LA DISCRIMINACION Y ACCESIBILIDAD

El CCSD no discrimina a ninguna persona en base a su raza, credo/religión, color, nacionalidad u origen étnico, sexo, identidad o expresión de género, orientación sexual, discapacidad, estatus marital o edad, para admitir o tener acceso a, tratamiento o empleo, o participar en sus programas y actividades, y proporciona acceso equitativo a los Boy Scouts of America y a otros grupos llamados grupo juveniles, en virtud de las leyes federales y estatales, incluyendo, pero sin limitarse a, Título VI, y VII de la Ley de Derechos Civiles de 1964, Título IX de las Enmiendas la Ley de Educación de 1972, Sección 504 de la Ley de Rehabilitaci6n de 1973, Título II de la Ley de los Americanos con Discapacidades de 1990, la Ley para Mejorar la Educación para Personas con Discapacidades (IDEA), y la Ley de Igualdad de Acceso a los Boy Scouts of America.

☐ **Deseo** que mi hijo participe en las excursiones escolares.

_____
Nombre Impreso de los padres/tutores

_____ _____
Firma de los padres/tutores Fecha

Teléfono: _____ Teléfono en el trabajo: _____

En caso de emergencia, contacte a: _____
Nombre Número telefónico

Por favor anote cualquier información médica, que podrá ser de ayuda (Ej., alergias, medicamentos a evitar, medicamentos actuales, etc.).

☐ **No deseo** que mi hijo participe en las excursiones escolares.

_____
Nombre Impreso de los padres/tutores

_____ _____
Firma de los padres/tutores Fecha

CCSD
CLARK COUNTY
SCHOOL DISTRICT