

3/5/2019

Dear AP Computer Science A Students and Parents:

TEALS is hosting a Computer Science Fair on Wednesday, March 27th in Bellevue. The fair is like a trade show where there are vendors and colleges who have booths the students can visit. There are also breakout sessions, panels, presentations and workshops for the students to attend.

We will take a bus to Bellevue and there is no cost to students for this trip. We will be meeting at Skyview early in the morning (5:15am) in order to arrive there by 8:30am. We will be leaving Bellevue around 1pm to come back and should arrive by 5pm again at Skyview High School. Because we are sharing the bus, it's easier to have one location (we learned that from last year).

I will provide snacks with some Microsoft grant money for the bus ride, and lunch is provided at the event. Last year it was a pizza lunch, likely it'll be the same this year, please let me know if there are dietary restrictions or considerations.

You have already submitted the Microsoft Media Release forms, now we need to have the district permission slip signed at this time. If students change their mind and decide not to go, just let me know as soon as possible ian.hurst@vansd.org.

I have three parent chaperones and I really appreciate having you join us.

Details can be found at this website: <http://www.tealscsfair.org/wa/program/>

Thank you,

Ian Hurst
Computer Science Teacher
iTech Preparatory School

VANCOUVER PUBLIC SCHOOLS FIELD TRIP PERMISSION AND INFORMED CONSENT FORM

Student Name: _____

General Information

School	iTech Preparatory School
Teacher Name(s) & Grade(s)	Ian Hurst Grades 9-12
Date(s) of Trip	March 27, 2019
Destination	Meydenbauer Conference Center, 11100 NE 6th St, Bellevue, WA 98004
Purpose of Field Trip	Attend TEALS Puget Sound Computer Science Fair 2019
Approx. Number of Students	14 students from Skyview and 17 from iTech Prep
Min. Number of Adults	2 teachers plus chaperones

Itinerary is attached List of items needed is attached

Type of Transportation:

District Bus Other District Vehicle Commercial Transportation Rental Vehicle(s)
 Other (explain) _____

Medical Information:

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: _____

If your student will need to bring prescribed medication, the Authorization for Administration of Medication form must be completed and signed by the health care provider and parent/guardian and attached to this form. For over-the-counter medications, please check with your school nurse for procedure.

Medical Release:

In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone No. _____

I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of students, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

Name of Insurance Carrier _____ Policy No. _____

Consent:

I understand that participation in this field trip is voluntary. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in field trip activities away from school. With this knowledge, I expressly release and hold harmless the school district, its employees, agents, and volunteers from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the field trip activity described above.

Parent/Guardian Name _____ Phone No. _____

(Print)

Alternate Emergency Contact _____ Phone No. _____

Signature of Parent/Guardian _____ Date _____