

**Potluck Lunch & Permission Slip**

We ask that all students contribute to the food feast according to the first letter of their last name.

**A-L Main Dish** Greek food is great, but "kid-friendly" is also

recommended (lumpia, egg rolls, pizza, cold cuts/cheese,

fried or BBQ chicken, etc.)

**M-Q Salads** Pasta, potato, green or fruit salad, or whole fruit

**R-Z Desserts** Anything your child would like (senorita bread, brownies, donuts,

cookies, etc.)

Your food item should be brought to the mat room (by the field) the morning of May 18th. Plates and utensils should be clearly labeled with your student's name and homeroom teacher if you want them back. Disposable containers, however, are encouraged.

**If your student has any special medicinal needs or food allergies, please indicate them on the permission slip below.**

**The school must have a completed permission slip in order for a student to participate in this event. Please return this permission slip no later than May 1st.**

**Students will report to and be dismissed from school at the regular times.**

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PERMISSION SLIP - GOVERNMENT CODE SECTION 35330

FIELD TRIPS

Under education code Section 35330(d), persons making a School District sponsored field trip are statutorily deemed to have “waived” all claims against the District arising out of an injury, accident and illness or death occurring during or by reason of the field trip.

FIELD TRIP PERMISSION SLIP

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize and give permission

(Parent/Guardian)

for my son/daughter/legal charge, whose name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(name of student)

to participate in Ingrid B. Lacy Middle School's Greek Fest on Thursday, May 18th, 2017.

1. Pursuant to California Education Code Section 35330(d), I hereby waive all claims against the School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip.

**If your child has any special medicinal needs during the day, please indicate below**. All medicines must be in the original/labeled containers and be given to the teacher on the morning of the event. **ALSO PLEASE LIST ANY FOOD ALLERGIES YOUR CHILD MIGHT HAVE**.

My child needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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