San Diego Zoo Safari Park

MiraCosta College | Oceanside Unified School District | GEAR UP for your future

Explore Wildlife Health and Conservation Projects with San Diego Zoo Safari Park Educators!

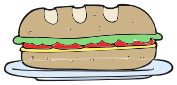
WEDNESDAY, FEBRUARY 28, 2024

•

9:00 AM - 4:00 PM (10:00 AM - 2:45 PM PROGRAM TIME)

•

TRANSPORTATION AND LUNCH PROVIDED



•

VISIT BECKMAN CENTER FOR CONSERVATION SCIENCE & THE PAUL HARTER VETERINARY MEDICAL CENTER FOR GEAR UP-EXCLUSIVE ACTIVITIES

•

OPEN TO JUNIOR & SENIOR STUDENTS AT OHS & ECHS

•

SPACE IS LIMITED. BOTH THE OUSD PERMISSION SLIP AND GOOGLE FORM MUST BE FILLED OUT IN ORDER TO BE PUT ON THE OFFICIAL ROSTER . PERMISSION FORMS CAN BE TURNED IN TO GEAR UP ROOM OHS: K-29 OR ECHS D-205.

Collaborate with fellow Gear UP students to participate in a hands-on lab session about California condor genetics. Also join an interactive tour to our veterinary hospital to investigate how Safari Park experts focus on the health and well-being of the wildlife in our care.

Ismariceli "Izzy" Antonio Rios - Coordinator, El Camino High School
* 760-901-8150 * Ismariceli.Antonio@oside.us

Omar Canseco - Coordinator, El Camino & Oceanside High School
* 760-901-8375 or 760-901-8108 *Omar.Canseco@oside.us

Angelica Zamora Basave - Coordinator, Oceanside High School
* 760-901-8246 *Angelica.Zamora@oside.us

Scan the QR to access google form!

San Diego Zoo Safari Park

MiraCosta College | Oceanside Unified School District | Gear Up for your future

VISITE EL CENTRO BECKMAN DE CIENCIAS DE LA CONSERVACIÓN Y EL CENTRO MÉDICO VETERINARIO PAUL HARTER PARA ACTIVIDADES EXCLUSIVAS DE GEAR UP

---

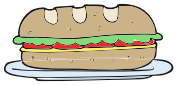
miércoles 28, de febrero del 2024

•

9:00 AM - 4:00 PM (10:00 AM - 2:45 PM Horario del Programa)

•

SE PROVERÁ AMUERZO Y TRANSPORTACIÓN



•

¡Explore proyectos de conservación y salud de la vida silvestre con los educadores del Zoológico Safari Park de San Diego!

•

ABIERTO PARA ESTUDIANTES JUNIORS & SENIORS OHS & ECHS

•

EL ESPACIO ES LIMITADO. LA HOJA DE PERMISO DE OUSD Y EL FORMULARIO DE GOOGLE DEBEN LLENARSE PARA SER COLOCADOS EN LA LISTA OFICIAL. LOS FORMULARIOS DE PERMISO SE PUEDEN ENTREGAR A GEAR UP ROOM OHS: K-29 O ECHS D-205.

Colabore con otros estudiantes de Gear UP para participar en una sesión práctica de laboratorio sobre la genética del cóndor de California. Únase también a un recorrido interactivo por nuestro hospital veterinario para investigar cómo Los expertos de Safari Park se centran en la salud y el bienestar de la vida silvestre a nuestro cuidado.

Ismariceli "Izzy" Antonio Rios - Coordinadora, El Camino High School
* 760-901-8150 * Ismariceli.Antonio@oside.us

Omar Canseco - Coordinador, El Camino & Oceanside High School
* 760-901-8375 or 760-901-8108 *Omar.Canseco@oside.us

Angelica Zamora Basave - Coordinadora, Oceanside High School
* 760-901-8246 *Angelica.Zamora@oside.us

¡Escanea el Código QR para acceder al formulario de Google!

OCEANSIDE UNIFIED SCHOOL DISTRICT

PARENT PERMISSION FOR FIELD TRIP

Check-in with GEAR UP team by 8:30 am ECHS - Cafeteria Circle / OHS - Horne Street Gate

FIELD TRIP INFORMATION

School/Site: OHS/ ECHS (Circle One) Date: 2/28/2024

Name of Student: _____

Destination: San Diego Safari Park

Description of the activity: Explore Wildlife Health & Conservation

Departure time: 9:00 AM Return Time: 4:00 PM

Transportation: ___ Walking X Bus___ Private Vehicle(s)

Drivers: _____
ie., staff, parent(s), volunteer

MEDICAL INSURANCE COVERAGE:

Company: _____

Name of Insured: _____

Policy/Group No: _____ Phone: _____

MEDICAL INFORMATION

Medical Problems: _____

_____
(Diabetes, Asthma, Seizures, Allergies, other)

Usual Symptoms: _____

_____

Care/Medication: _____

_____

Comments: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____
Phone: _____
Emergency Contact: _____
Phone: _____

ADDRESS: _____

- **I give my permission for my student to participate in the field trip.**
- **I give permission for my student to receive medical attention/treatment in the event of injuries or illness during the field trip.**
- **I understand that the District does not provide coverage for accidents, and I waive any right of recovery for damages or injuries to my student, unless there is evidence of negligence.**

A nutritious sack lunch is available from the cafeteria for all field trips. Please check here, if you require the cafeteria to provide a sack lunch for your student. YES _____ NO _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Form No. WS# 9-604
Revised 5/15 ls

DISTRITO ESCOLAR UNIFICADO DE OCEANSIDE

PERMISO DE LOS PADRES PARA LOS PASEOS ESCOLARES

Check-in con el equipo de GEAR UP a las 8:30 am ECHS- Cafeteria Circle / OHS- Horne Street Gate

INFORMACION DEL PASEO ESCOLAR

Escuela/ Sitio: OHS / ECHS (Subraye Uno) Fecha: 2/28/24

Nombre del Estudiante: _____

Destino: San Diego Safari Park

Descripción de la Actividad: salud y conservación

Hora de Salida: 9:00 AM Hora de Regreso: 4:00 PM

Transporte: ____ Caminando X Bus____ Carro(s) Privado(s)

Conductores: _____
P. ej. Personal escolar, Padres(s), voluntarios

COBERTURA DE SEGURO MEDICO:

Compañía: _____

Nombre del Asegurado: _____

Póliza/Grupo #: _____ Tel. #: _____

INFORMACION MÉDICA

Problemas Médicos: _____

_____
(Diabetes, Asma, Convulsiones, Alergias, Otros)

Síntomas Usuales: _____

_____

Cuidado/Medicamentos: _____

_____

Comentarios: _____

INFORMACION DE CONTACTOS DE EMERGENCIA:

Contacto en caso de Emergencia: _____
Teléfono: _____
Contacto en caso de Emergencia: _____
Teléfono: _____

Dirección: _____

- **Doy mi permiso para que mi estudiante participe en el paseo escolar.**
- **Doy permiso para que mi estudiante reciba atención/tratamiento médico en caso de lesiones o enfermedad en el paseo escolar.**
- **Yo entiendo que el distrito no proporciona cobertura por accidentes, y renuncio al derecho de recuperación de gastos incurridos por concepto de daños o lesiones sufridos por mi estudiante, a menos que haya prueba de negligencia.**

La cafetería tiene disponible un almuerzo nutritivo en una bolsa para los paseos escolares. Por favor marque aquí si usted necesita un almuerzo provisto por la cafetería para su estudiante. SI _____ NO _____

FIRMA DEL PADRE/MADRE/TUTOR: _____ DATE: _____

Form No. WS# 9-604
Revised 5/15 ls

PRE-ARRANGED ABSENCE SLIP

Student's Name_____ ID# _____ Today's Date:

Reason for Absence

San Diego Safari Park: Health & Conservation

Sponsor: **GEAR UP**

Subject to the conditions listed below, the student will be excused from class on

Wednesday February 28,2024 for the following period(s) due to a school activity.

→ →***Ask your teacher to initial/sign below.***

YOU ARE RESPONSIBLE FOR MAKING UP ANY MISSED WORK.

Per 1.	Per 2.
Per 3.	Per 4.
Per 5.	Per 6.

Conditions

1. Arrangements for being absent must be made a least (5) five full days in advance of the absence.
2. Work must be made up as assigned.
3. This slip must be signed and turned in to the sponsor by the close of the school day prior to the absence or an unexcused absence may result.

GEAR UP _____ _____

Office Approval → → **Parent Signature (Required)** **Today's Date:**