



New Millennium Secondary School

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Darrick Rice
Principal

Nichole Sims
Chief Operating Officer

NMSS Knott's Berry Farm FIELD TRIP SLIP

Name of Student: *(Please Print)* _____

Name of Parent/Guardian: *(Please Print)* _____

Address: _____ Phone: _____

I, the parent or guardian of the above named student, give my permission for my child to participate in the field trip described below, and release NMSS and its staff of any liability.

Field Trip:

Date of trip: August 27, 2025

Departure Time: 9:30am

Return Time: approx. 4:00 pm

Activity: STEM learning event

Destination: Knott's Berry Farm, 8039 Beach Blvd, Buena Park, CA 90620

Student Requirements

- Students must be in good academic standing.
- All Student forms Must be completed and returned to Front Office by August 25, 2025.

Medical Information and Release

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child's physician: _____ Physician's phone number: _____

Alternative Emergency Contact Name: _____

Alternative Contact Phone Number: _____

Relationship to child: _____

I understand the School District does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.

Parent/Guardian Signature

Date