

PARENT PERMISSION FOR SCHOOL-SPONSORED ACTIVITY
AND CONSENT TO MEDICAL TREATMENT

Please complete both top and bottom of form: SCHOOL _____

(Name of Student) _____ has the opportunity to participate in a school activity away from school premises. If you approve the following arrangements, please sign at the bottom of this section and return this form to the faculty sponsor.

NATURE OF ACTIVITY _____

DESTINATION _____

DATE _____ TIME OF DEPARTURE _____ DATE/TIME OF RETURN _____

TRIP SUPERVISOR _____

MEANS OF TRANSPORTATION: (Sponsor please check)

A. District-owned bus _____

B. Commercial (Name of company) _____

C. Other (Specify) _____

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity.

I understand that, pursuant to Education Code §44808, the district is liable or responsible for the conduct or safety of my son/daughter only while he/she is or should be under the immediate and direct supervision of an employee of the district.

I hereby give my permission for him/her participate in the above-described activity.

I further agree that, in the event of accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

Date: _____ Signature Parent/Guardian _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: _____

EMERGENCY TELEPHONE NUMBERS _____

THIS FORM SHOULD BE KEPT BY THE CHAPERONE DURING THE ACTIVITY.

(Please complete form below)

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____ a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provisions of Section 25.8 of Civil Code of California.

Date _____ Signature of _____
Father and/or Mother, or Guardian

Allergies to Drugs or Foods _____

Date of Last Tetanus Toxoid Booster _____