FIELD TRIP PERMISSION – (SECONDARY)

This paper must be completed and filed with the sponsoring teacher before the date of the trip.

The student must obtain the parent's signature when the activity necessitates the student's leaving the building.

The sponsoring teacher must notify the teachers whose classes the student will miss while engaged in the activity.

Wonder A Day

(Student) Wall That Heals | (Class or ~~Activity~~) 10:30 | (Teacher) 11:45

(Location) Vietnam War Memorial Replica | (Time Leaving) | (Time Returning) 3/28

(Nature of the Field Trip or Activity) | (Date)

School Bus | $14 Total. Both Trips

(Means of Transportation) | (Cost to Student, if any)

Mother: _____ Phone # _____

Father: _____ Phone # _____

Other (relationship): _____ Phone # _____

Physician: _____ Phone# _____

Name of Health Insurance: _____ Membership # _____

Any known Allergies _____

Under the provisions of Education Code 35330 "(d) All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." **I consent to my child's participation in the field trip and hereby waive all claims against the District of its employees for any injury, accident, illness, or death occurring during or by reason of the field trip. I understand that this waiver of claims will bar any claim or lawsuit against the District or its employees. The undersigned acknowledges that he/she has reviewed the form carefully and agrees to its contents and signed the form voluntarily.**

I understand that all students going on this trip will be responsible in conduct to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided by the school.

_____

(Date) (Parent or Guardian Signature)

Fill Out Back Side Heath Form

PARENT AUTHORIZATION FOR MEDICAL TREATMENT
(Confidential Information)

Student's Name:_____

Address:_____

Date of Birth:_____Male____Female____Phone:_____Cell:_____

Doctor's Name:_____Phone:_____

Name of Health Insurance:_____Membership #_____

Any known Allergies:_____

Father, Mother or Guardian's Name (s) (please print):_____

_____

In the event of an emergency, if parents or guardian cannot be reached, please contact:

_____
(Name & Relationship) (Phone)

_____
(Name & Relationship) (Phone)

(I) (We), the undersigned parent / guardian of _____,
A minor, do hereby authorize the principal, or designee, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice act, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until_____,201_____
Unless sooner revoked in writing delivered to said agent(s).

_____
Parent / Guardian(s) Signature Date

FIELD TRIP PERMISSION – (SECONDARY)

This paper must be completed and filed with the sponsoring teacher before the date of the trip.

The student must obtain the parent's signature when the activity necessitates the student's leaving the building.

The sponsoring teacher must notify the teachers whose classes the student will miss while engaged in the activity.

(Student)	(Class ~~or Activity~~)	(Teacher)
	9:00	Hadley-Hill 11:00
(Location)	(Time Leaving)	(Time Returning)
Street Beat Percussion Show @ LBC		4/9/19
(Nature of the Field Trip or Activity)		(Date)
School Bus		
(Means of Transportation)		(Cost to Student, if any)

Mother: _____ Phone # _____
Father: _____ Phone # _____
Other (relationship): _____ Phone # _____
Physician: _____ Phone# _____
Name of Health Insurance: _____ Membership # _____
Any known Allergies _____

Under the provisions of Education Code 35330 "(d) All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." **I consent to my child's participation in the field trip and hereby waive all claims against the District of its employees for any injury, accident, illness, or death occurring during or by reason of the field trip. I understand that this waiver of claims will bar any claim or lawsuit against the District or its employees. The undersigned acknowledges that he/she has reviewed the form carefully and agrees to its contents and signed the form voluntarily.**

I understand that all students going on this trip will be responsible in conduct to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided by the school.

(Date) (Parent or Guardian Signature)

Fill Out Back Side Health Form

PARENT AUTHORIZATION FOR MEDICAL TREATMENT
(Confidential Information)

Student's Name:_____

Address:_____

Date of Birth:_____Male____Female____Phone:_____Cell:_____

Doctor's Name:_____Phone:_____

Name of Health Insurance:_____Membership #_____

Any known Allergies:_____

Father, Mother or Guardian's Name (s) (please print):_____

_____

In the event of an emergency, if parents or guardian cannot be reached, please contact:

_____

(Name & Relationship) (Phone)

_____

(Name & Relationship) (Phone)

(I) (We), the undersigned parent / guardian of _____,
A minor, do hereby authorize the principal, or designee, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice act, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until_____,201_____
Unless sooner revoked in writing delivered to said agent(s).

_____

Parent / Guardian(s) Signature Date