

# Field Trip Permission and Medical Authorization



San Joaquin County Office of Education  
James A. Mousalimas, County Superintendent of Schools

For Minor Child

**Student Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

I, the parent/legal guardian of the minor listed above, give my permission for his or her participation in the following school activity:

Games, scrimmages, open gym, conditioning, weight-lifting, practices, travel, and volunteer/fundraising events

**Sport/Event/Destination** School-sponsored and team events both on-site and away for all sports.

My authorization shall remain in effect from July 1, 2018 - June 30, 2019

In the event of illness or injury, I, the parent/legal guardian of the minor listed above, hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care from a licensed physician and/or surgeon deemed necessary for the safety and welfare of the minor listed above. It is understood that the resulting expenses will be my responsibility.

**As stated in California Education Code Section 35330, I understand that I hold the San Joaquin County Office of Education, its agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation may result in the student being sent home immediately at the expense of the parent/guardian.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

**Medical Insurance Carrier Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Alternate contact in case of emergency:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## **Important**

If applicable, please attach a description of any special medical problems pertaining to this student. Thank you.