

Field Trip Permission and Medical Authorization

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:

Sport/Event/Destination

My authorization shall remain in effect from _____

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.

