

# 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:

\_\_\_\_\_  
Alcatraz National Park, San Francisco, CA

**Sport/Event/Destination**

**My authorization shall remain in affect from** 2/7/20 (6:00 am) **to** 2/7/20 (4:30 pm)

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

**\$15 Donation**

**Deadline: December 21st, 2018**

## **Important**

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