RETURN PERMISSION TRIP

Outdoor Science School to Home School

(To be kept by the classroom teacher)

In case of emergency while on the return trip from Outdoor Science School, I authorize medical treatment for my child _____. This is to include X-ray examination, anesthetic, and medical or hospital care under the general or special supervision and advice of a licensed physician, surgeon, or dentist. (Civil Code section 25.8)

Please give medical treatment to my child, if necessary, ☐ **YES** ☐ **NO**

If no, provide instructions: _____

_____

_____

_____ _____ _____

Parent/Legal Guardian's Name | Parent/Legal Guardian's Signature | Date

In case of emergency on return trip:

Home Phone: ( ) _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

School: _____

District: Los Alamitos Unified School District

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