Salesian College Preparatory

2851 Salesian Avenue, Richmond, CA 94804 (510) 234-4433

FIELD TRIP PERMISSION FORM

To: The Vice President/Principal of Salesian College Preparatory

From *(print parent/guardian name)*: _____

I hereby request that my child *(print student name)*: _____

participate in the field trip to _____

(print name of destination and physical location)

Date of Field Trip: _____ Start Time: _____ Return Time: _____

Field Trip Coordinator(s)/Title(s):_____

Nature of Field Trip *(describe)*: _____

_____

Method of Transportation:

☐ Walking ☐ Private Auto driven by Adult ☐ School Van driven by Adult ☐ Chartered Bus

☐ Public Transportation *(check all that apply)*: ☐ Bus ☐ BART ☐ Train ☐ Other: _____

What Students Should Bring:

☐ Bagged Lunch/Drink ☐ Money for Lunch ☐ Other: _____

As the parent/guardian of the above referenced child, I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

CONSENT FOR TREATMENT

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of Salesian College Preparatory as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on the medical staff of an accredited hospital, whether such 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 the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent/Guardian Signature _____ Date _____