



PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL SPONSORED EVENTS

My child has permission to go on the following field trip, _____ dated _____.

TRANSPORTATION:

_____ I will transport my child _____ I need MLCS to transport my child _____ other (fill in info below) I give, _____, permission to transport my child and I have made sure this driver has the minimal liability insurance required on file. (Drivers who transport children (not their own) are required to have \$100K per person/\$300K per occurrence/\$50K per property damage.)

I understand all students attending this trip will be responsible for their conduct to the driver, teacher, and adult supervisors. It is further understood students will go and return from the event in the approved transportation and every reasonable caution will be maintained on the trip.

- I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are ___ are not ___ considered by the district to be of high risk to the participants.

Date _____ Parent/Guardian printed _____

Parent/Guardian signature _____

PLEASE COMPLETE REVERSE SIDE

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR
(This authorization form is approved by the CA Hospital Association)

We, the undersigned, parents/guardians of _____, a minor, do hereby authorize the employee of the Fort Sage Unified School District supervising the activity concerned, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provision of the Medical Practice Act of the medical staff of any licensed 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 our aforesaid agent to give specific comment to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective during the current school year unless sooner revoked in writing, delivered to said agent.

Date _____ Signature of Father _____

Signature of Mother _____

Legal Guardian _____

Name of family doctor, if any: _____

Please list any medical condition and medications your child has that the school employee should be aware of.

WAIVER OF CLAIM

(To be completed for in state events only)

In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Fort Sage Unified School District for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of the excursion/field trip or event.

Parent/Guardian _____ Date _____

WAIVER OF CLAIM

(To be completed for out-of-state events only)

In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Fort Sage Unified School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of the excursion/field trip or event.

Parent/Guardian _____ Date _____