

**MEDICAL TREATMENT AUTHORIZATION
AND FIELD TRIP / EXCURSION AUTHORIZATION**

(Minor)

(California Education Code section 35330)

I hereby give permission for my child, _____, to participate in the
senior trip to Medieval Times _____ field trip / excursion as a part of his / her regular school program.

This field trip / excursion is to be held on Monday, October 10, 2011 ; or

from _____, 20____, through _____, 20_____.

Transportation for this field trip / excursion will be provided by: Heritage Valley Bus, Inc.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) guardian(s).

Note regarding administration of medication: If your child is required to take medication prescribed by a physician during the course of this field trip / excursion, and you wish school personnel to assist your child in taking this medication, please indicate by signing below. In addition, please state the type of medication and attach a written statement from the child's physician detailing the method, amount and time schedules by which such medication is to be taken.

Signature of Parent / Guardian: _____

If there is a special medical problem(s), kindly attach a description of the problem(s) to this sheet.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip / excursion. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at parent's / guardian's expense, or as provided in Education Code Section 35330.

I hereby release and discharge Saint Bonaventure High School, it's officers, employees, agents and servants from all actions, claims, or demands that I, my heirs, distributees or assigns may have for injury to person or property arising out of or in connection with the above field trip / excursion. I have read this agreement carefully and fully understand its contents and agree thereto.

Signature of Parent / Guardian: _____ Date: _____

Address: _____ Phone: _____

Signature of Student: _____ Date: _____

If you have health insurance, please list:

Health Insurance Company: _____ Policy Number: _____

_____ Group Number: _____

In the event of illness or accident, if different from above, please contact:

Name: _____ Phone: _____

Address: _____