

Sacred Heart School
1225 Cooper Avenue , Turlock, CA 95380
(209) 634-7787 Fax (209) 634-0156

FIELD TRIP PERMISSION FORM

Grade _____

Date of Field Trip: _____ Destination: _____

Purpose of Field Trip: _____

Departure Time: _____ Return Time: _____ Student Needs to Bring: _____

Mode of Transportation: _____ If chartered, Bus Company: _____

Teacher/Advisor: _____

Please Keep This Portion for Your Information

Return This Section To The School

Name of Student _____ Date of Field Trip _____

Destination: _____

I, the undersigned parent/guardian of the above-named student, give my permission for his/her participation in the above-named field trip. I hereby release and save harmless the school and any and all of its employees from any and all liability for harm arising to my child and for any loss of property as a result of this trip.

MEDICAL PERMISSION: I, the undersigned parent/guardian of the above-named student, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the provision of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I will not hold Sacred Heart School, its officers or agents, liable for medical aid rendered.

This authorization is given pursuant to Section 25.8 of the California Civil Code and remains effective only for the event and date listed above.

Full Name of Child _____ Date of Birth _____

Home Address _____ Home Telephone _____

Name of Parent/Guardian _____ Parent/Guardian Work Phone _____

If Unable To Locate Parent/Guardian, Contact _____ Relationship _____ Telephone _____

Physician's Full Name _____ Telephone _____ Insurance Company _____

Is your child currently taking any medications? No ____ Yes ____ Kind _____ Dosage _____

Drug Allergies? _____ Food Allergies? _____

Other Concerns or Limitations? _____

Parent/Guardian Signature

Date

BE SURE YOU HAVE DETACHED THE UPPER PORTION, IT IS FOR YOUR INFORMATION