

SANGER UNIFIED SCHOOL DISTRICT  
PARENT CONSENT FOR STUDENT TRIP AND EMERGENCY MEDICAL CARE

**STUDENT TRIP INFORMATION**

A student trip has been planned to \_\_\_\_\_  
on \_\_\_\_\_ (Destination)  
(Date) . We expect to leave at \_\_\_\_\_ AM/PM  
and return at \_\_\_\_\_ AM/PM.

**Lunch**

\_\_\_\_\_ Pupil will be at school during lunch.

\_\_\_\_\_ Sack Lunch.

\*If you so desire, a sack lunch will be provided for your child while on this student trip for the same cost that the student pays for lunch on a regular school day. Lunch tickets may be used to pay for this lunch if you have purchased them in advance.

**PARENT CONSENT**

I understand that the law states in California Education Code Section 35330, that the Sanger Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity.

\_\_\_\_\_ has my permission to participate in the  
(Student's Name)  
student trip indicated above.

\_\_\_\_\_ Yes, I wish to have a sack lunch provided.\*

\_\_\_\_\_ No, I will provide a sack lunch for my child.

\_\_\_\_\_ Please check here if you would be willing to accompany the class on the student trip.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL AUTHORIZATION**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist of the hospital or facility furnishing medical or dental services

**PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.**

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Emergency Phone