

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