

PARENT PERMISSION FORM

To the Principal of _____ School

I hereby request that _____ participate

In the field trip to _____

Time and Date _____

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

I certify that my child is eight (8) years old or older or at least 4'9" in height and may use a seat belt in the back seat of the automobile.

Students Birthdate: Month _____ Year _____

I certify that my child is not eight (8) years old or at least 4'9" in height. Therefore, I understand that my child **MUST be secured in an appropriate child passenger restraint (safety seat or booster seat) IN THE BACK SEAT OF A VEHICLE** and I must provide a safety seat or a booster seat to be used for his/her transportation as required under California law.

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers- Stevens as a secondary provider.

CONSENT FOR TREATMENT

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of _____ as agent(s) for the undersigned to consent to an _____
name of school

x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on medical staff of an accredited 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 hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent/Guardian Signature _____ Date _____

Yes _____ No _____ I offer to drive on: _____

(If yes, please fill out Appendix 6007B.)