

PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL SPONSORED EVENTS

My child has permission to go on the following field trip,	dated
TRANSPORTATION:	
I will transport my child I need MLCS to transport my child	_ other (fill in info
below) I give,, permission to transport my child and I h	nave made sure this
driver has the minimal liability insurance required on file. (Drivers who transport own) are required to have \$100K per person/\$300K per occurrence/\$50K per proper I understand all students attending this trip will be responsible for their conduct to and adult supervisors. It is further understood students will go and return from approved transportation and every reasonable caution will be maintained on the trip	orty damage.) the driver, teacher, m the event in the
• I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are are not considered by the district to be of high risk to the participants.	
Date Parent/Guardian printed	
Parent/Guardian signature	

PLEASE COMPLETE REVERSE SIDE

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(This authorization form is approved by the CA Hospital Association)

We, the undersigned, parents/guardians of	
omment to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the xercise of his/her best judgement may deem advisable.	
This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This uthorization shall remain effective during the current school year unless sooner revoked in writing, delivered to aid agent.	
Pate Signature of Father	
Signature of Mother	
Legal Guardian	
Jame of family doctor, if any:	
lease list any medical condition and medications your child has that the school employee should be aware of.	
WAIVER OF CLAIM	
(To be completed for in state events only)	
n granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the fort Sage Unified School District for any injury, accident, illness, death, or any loss or damage to personal roperty occurring during or by reason of the excursion/field trip or event.	
rarent/GuardianDate	
WAIVER OF CLAIM	
(To be completed for out-of-state events only)	
n granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the fort Sage Unified School District, and the State of California for any injury, accident, illness, death, or any loss r damage to personal property occurring during or by reason of the excursion/field trip or event.	
Parent/GuardianDate	