



FIELD TRIP PARENT PERMISSION

To the principal of St. Agnes School,

I hereby request that my child _____
participate in the field trip to _____
taking place on (date/time) _____.

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 8 years or older, at least 4' 9" in height, and may use a seat belt in the back seat of the automobile.

Student's birthday (month/year): _____

- I certify that my child is not 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 backseat of the 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.

CONTENT FOR TREATMENT

I, the undersigned parent or legal guardian of a minor, do hereby authorize a representative of St. Agnes School as agent(s) for the undersigned to consent to any 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 the 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 or 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 name: _____

Parent signature: _____ Date: _____

- Yes, I am available to drive students on this field trip. I understand that I must be a cleared school volunteer, and that I must complete the Driver Certification and Authorization form 6007B.