

PERMISSION FOR CHILD TO PARTICIPATE IN SCHOOL EXCURSIONS

I/we, _____ parent(s) of _____ grade _____

I hereby grant permission to the St. David Unified School District to allow my/our child to participate in school sponsored excursions under the following supervision of school district personnel, under the following conditions:

- Permission is granted if school vehicles are used for transportation.
- Permission is granted to walk from school to the site of the field trip.

TO WHOM IT MAY CONCERN:

I, _____, custodial parent or legal guardian of _____, whose **date of birth** is _____, hereby give permission to any emergency medical technician, nurse, ophthalmologist, physician or physicians' assistant, to treat my child for any illness, trauma, accident or medical emergency he/she may experience while attending school at St. David Schools or while traveling with his/her class on field trips or to attend sporting events during the school year. I also authorize the principal, instructor, coach or sponsor to make medical decisions regarding my child in my absence. I understand that all attempts will be made to notify me of my child's medical condition and decisions which have been made, as soon as is reasonably possible, but the treatment will not be delayed for that reason. I agree that I will be financially responsible for the emergency medical treatment incurred.

My child: is not allergic to any medications and has no other allergies
 has the following allergies: _____

 is taking the following medications: _____

Home street address _____ **City** _____

Telephone numbers at which I/we may be reached: **(home)** _____

Mom (cell) _____ **(work)** _____

Dad (cell) _____ **(work)** _____

If I/we cannot be reached:

Name of Emergency contact: _____ **City** _____

(home) _____ **(cell)** _____ **(work)** _____

Name of Emergency contact: _____ **City** _____

(home) _____ **(cell)** _____ **(work)** _____

Parent/Guardian Signature _____

Dated this _____ *day of* _____ 20_____.