

St. Anthony School
323 N. Fremont Avenue, Manteca, CA 95336
Field Trip Permission Form

Student Name _____

Grade _____

Dates, Purpose, Teacher/Chaperone, Destination, and Method of Transportation for Field Trip are located below. I, the undersigned, parent or legal guardian of the above-named student, request that he/she be allowed to participate in, and give my permission for his/her participation in, those school activities described below and initialed by me. I hereby release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my child and for any loss of property as a result of these activities.

Permission is given: (Please initial appropriate space)

_____ When an adult will be driving

_____ For my child to travel by public or chartered transportation

MEDICAL PERMISSION

I, the undersigned, parent or legal guardian of _____, a minor, do hereby appoint teacher/advisor and/or chaperone as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest Emergency 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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code and shall remain effective from _____ to _____ unless sooner revoked in writing to said agent(s).

(Parent or legal guardian signature)

(Date)

(Address)

(City)

(Zip Code)

NECESSARY MEDICAL INFORMATION

1. Full Name of Child _____

1a. Date of Birth _____

2. In Case of Emergency, Call _____

2a. Home Phone _____

2b. Home Address _____

2c. Work Phone _____

2d. Cell Phone _____

3. Alternate Person to Call _____

3a. Phone _____

4. Physician's Full Name _____

4a. Phone _____

5. Family Insurance Carrier _____

5a. Policy Number _____

6. Describe in full, any allergies (drug, food, insect bites, etc.) or limitations on physical activity:

Drug/Food Allergies: _____

Other Allergies: _____

Current Medication: _____

Initial/Date	Activity/Destination	Date of Activity	Chaperone	Transportation