

FIELD TRIP AUTHORIZATION FORM

Student's Name: _____ Birthdate: _____ Grade: _____
Father's Name: _____ Mother's Name: _____
Father's Work Phone: _____ Father's Cell Phone: _____
Mother's Work Phone: _____ Mother's Cell Phone: _____
Home Address: _____
City/State/Zip: _____ Home Phone: _____

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent(s), or legal guardian, of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that all efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

List any restrictions: _____

Last Diphtheria Tetanus Booster: ____ / ____ / ____

Allergies to Drugs and Foods: _____

Special Medications or Pertinent Information: _____

Family Physician: _____ Phone: _____

Address: _____ City/State/Zip: _____

Insurance Company: _____ Policy No.: _____

By signing below, I am giving permission for my child, _____, to participate in _____ at Faith Baptist Schools. I acknowledge that Faith Baptist requires its students to comply with all school policies while attending, being involved in or traveling to and from any off-campus activities, whether the activity is required or voluntary. Knowing that this activity is voluntary and not mandatory, I hereby give permission for my child to participate in the given sport and all associated activities and trips, and to be under the authority of Faith Baptist Schools' staff while off campus. I understand that the children will be transported by school bus, and that they will be supervised by the school staff.

Parent's Name

Parent's Signature

Date