



Santa Fe Christian Lower School

FIELD TRIP PARENTAL PERMISSION AUTHORIZATION TO CONSENT (ONE FORM PER STUDENT)

STUDENT'S NAME _____ GRADE _____ TEACHER _____ DATE _____

Dear Parent:

Your signature below indicates permission for your child to participate in all scheduled field trips for the entire school year unless permission is revoked in writing for a single trip by sending a written note to the office one day prior to the trip.

Signature of Parent or Legal Guardian

I, (We), the undersigned, parent(s) of _____
(minor) do hereby authorize the hospital most accessible during the time of accident or illness to 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 or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This action would not be taken unless the parents could not be reached.

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 agents(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

The authorization shall remain effective for the duration of attendance at any school function of the Santa Fe Christian School, unless sooner revoked in writing to the school.

Signature of Parent or Legal Guardian

ADDRESS _____ HOME PHONE _____

MOTHER'S WORK PHONE _____ FATHER'S WORK PHONE _____

MOTHER'S CELL PHONE _____ FATHER'S CELL PHONE _____

DOCTOR'S NAME _____ DENTIST'S NAME _____

ADDRESS _____ ADDRESS _____

DOCTOR'S PHONE _____ DENTIST'S PHONE _____

IF PARENTS CANNOT BE REACHED, NOTIFY:

PHONE _____