

OAK GROVE UNION SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP

Field Trip

Location _____ Date _____

Activities on the trip will include: _____

Supervision will be provided by: _____

Each student should take: _____

Transportation will be provided by:

School Bus _____ Chartered Bus _____ *Private Car _____ Other _____

*When private vehicles are used for transportation of students on district sponsored trips, the following vehicles may be used:

(a) A passenger vehicle designed for and actually carrying not more than six (6) persons including the driver.

(b) A nine (9) passenger or ten (10) passenger station wagon when used for the transportation of not more than eight (8) pupils and the driver.

Each child must be provided with an individual seating space as intended for normal adult passenger travel and seat belts shall be worn.

(I) (We), the undersigned parent(s) of _____, a minor, do hereby authorize the Oak Grove School District, a agent for the undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosed or treatment; hospital care which is deemed advisable by, and is to be, rendered under the general or special supervision and upon the advice of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent in any medical emergency to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent/Guardian Signature _____ Date _____

Phone Number Where Parent Can Be Reached During School Trip: _____

Please list any medication, allergies or significant medical problems your child may have:

**YOUR CHILD MUST HAVE THIS AUTHORIZATION
TO ATTEND EVENT.**

I give permission for my child _____ to attend the field trip
on _____

Parent/Guardian Signature _____ Date _____