

**ST. MARY ELEMENTARY SCHOOL
PERMISSION FORM**

**I HEREBY CONSENT TO _____
PARTICIPATING IN THE FIELD TRIP TO _____
ON: _____
DATE: _____
TIME: FROM _____ TO _____
EDUCATIONAL PURPOSE OF FIELD TRIP _____**

WALKING FIELD TRIP

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip.

I understand that any expense incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

CONSENT FOR TREATMENT

(I), the undersigned parent or legal guardian of _____, a minor, do hereby authorize a representative of **ST. MARY'S ELEMENTARY SCHOOL** as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that 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 California Medicine Practice Act, on the medical staff of an accredited 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 the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent/Guardian Signature _____ Date _____