

WINDSOR UNIFIED SCHOOL DISTRICT



FIELD TRIP PERMISSION -(SECONDARY)

This paper must be completed and filed with the sponsoring teacher before the date of the trip.
The student must obtain:

- 1) the signature of those teachers whose classes the student will miss while engaged in the activity, and,
- 2) the parent's signature when the activity necessitates the student's leaving the building.

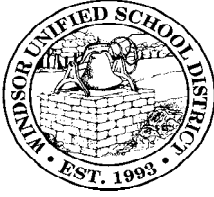
_____	<u>Unity Retreat Field Trip</u>	<u>Core Teachers</u>
(Student)	(Class or Activity)	(Teacher)
<u>Westminster Woods, Occidental, CA</u>	<u>8:15 am</u>	<u>Approximately 5:45 p.m.</u>
(Location)	(Time Leaving)	(Time Returning)
<u>Annual Unity Retreat Field Trip, to unify 9th & 10th graders @ WHS</u>		<u>1 chosen day/core, 9/18 - 9/22/06</u>
(Nature of the Field Trip or Activity)		(Date)
<u>WHS District Bus</u>		<u>\$30.00</u>
(Means of Transportation)		(Cost to Student, if any)

<p>APPROVED TEACHERS: Please sign next to the appropriate period / block to acknowledge that you have seen this form and check the appropriate column next to your name.</p>	Period/Block 1 2 3 4	TEACHER _____ _____ _____ _____	YES _____ _____ _____ _____	NO _____ _____ _____ _____
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PARENT / GUARDIAN

I understand that all students going on this trip will be responsible in conduct to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided by the school.

_____	_____
(Date)	(Parent or Guardian Signature)



WINDSOR UNIFIED SCHOOL DISTRICT

PARENT AUTHORIZATION FOR MEDICAL TREATMENT
(Confidential Information)

Student's Name: _____

Address: _____

Date of Birth: _____ Male _____ Female _____ Telephone Number : _____
Message Phone : _____

Doctor's Name: _____ Phone: _____

Name of Health Insurance: _____ Membership # _____

Any known allergies: _____

Father, Mother or Guardian's Name (s) (please print): _____

In the event of an emergency, if parents or guardian cannot be reached, please contact:

(Name & Relationship) (Phone)

(Name & Relationship) (Phone)

(I) (We), the undersigned parent /guardian of _____, a minor, do hereby authorize the principal, or designee, as agent for the undersigned to consent 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, whether such a 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 the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until _____, 200 _____.
Unless sooner revoked in writing delivered to said agent(s).

Parent / Guardian(s) Signature

Date