Redding School District Stellar Charter School

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - MINOR

Dear Parent/Guard	ian:	
	(student name) has my p	permission to participate in the following
voluntary activity:	(
Destination:		
Departure Date & T	'ime: Return Da	te & Time:
In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.		
the Redding School death occurring do	rnia Education Code Section 35330, I und ol District, its officers, agents and employ uring or by reason of this field trip or exc ol District, its officers, agents or employee	ees for any injury, accident, illness, or ursion, including acts of negligence by
	at participants are to abide by all rules and reguser rules and regulations may result in that indidian.	
Parent/Guardian Sig	gnature:	Date:
Address:		Phone:
Student Signature: _		Date of Birth:
Medical Insurance C Policy No. Address:	Carrier	
A special note to P 1. All drugs mu	Parent/Guardian: ust be registered on this form.	
2. All drugs, ex	2. All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.	
	Check here if there are special problems that the staff should be aware of and no drugs are required on the trip.	
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kindly attach	kindly attach a description of that problem to this sheet.	