

# Rio Norte Junior High School

## Concert Choir

- Field trip permission slip requires parent signature in **TWO** locations.
- Do not tear the form. Return whole permission slip to school.

Your child must return this form to [Jeffrey Gilbert](#) no later than 2/28/20.

### PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of this activity. I give my permission for my student to participate in the field trip to:

**West Ranch High school** on  
3/20/2020

Leaves 11:30 A.M., returns to Rio Norte by.

Transportation by bus •

Parent or guardian, please sign here: →

(Signature #1 gives permission to go on the trip)

Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district or State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

AUTHORIZATION FOR MEDICAL CARE: Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

Student's Legal Name (Please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ P/G Business Phone # \_\_\_\_\_

Parent/Guardian Name (Please print) \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Authorization Signature of Parent/Guardian \_\_\_\_\_

(Signature #2 gives authorization for medical care)

Instructions for special medical treatment \_\_\_\_\_

- Return this FULL PAGE permission slip, completely filled out and signed in **both** places
- Students will need formals for this event