

Woodland Star Charter School Field Trip Permission Slip

Child's name (last, first) _____

Class 6 Teacher Liskey \$ amount for trip _____

Trip Destination/Description Mt Lassen

Start Date 9/5/17 Time 8:00am Departing from: WSS

Return Date 9/8/17 Time 3:30pm Returning to: WSS

Means of Transportation Parent cars (if driving please see "Driver Forms" in the office.)

My child has my permission to go with his/her teacher on the Woodland Star School sponsored field trip described above.

Telephone numbers I can be reached during this event are:

(H) _____ (W) _____ (C) _____

Name of additional emergency contact person: _____

Phone (H) _____ (W or C) _____

AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR

I, The undersigned parent or guardian of _____, a minor, do here by authorize representatives of Woodland Star Charter School, as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under, the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Any known allergies or unusual medical conditions?

Insurance Company _____

Group # _____ Subscriber # _____

Parent or Guardian Signature _____ Date _____