



CHRISTIAN UNIFIED SCHOOLS
Field Trip Parental Permission/Liability Release
Authorization of Consent

Student's Name _____ (PLEASE PRINT) Grade (Fall 2011) _____

Your signature below indicates permission for your child to participate in all scheduled field trips for the entire school year, unless permission is revoked in writing for a single trip. by sending a written note to the office one day prior to the trip. It also grants permission for your child to participate in Christian Unified Schools District's Community Service Program and releases, forever discharges and holds harmless Shadow Mountain Community Church, Christian Unified Schools of San Diego and any Business, Entity or Municipality and all of their respective directors, officers, agents employees and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the Community Service Program.

Furthermore, on behalf of your minor child participant, you agree to assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all of the activities involved therein.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, you (the parent or guardian) agree to assume all transportation costs.

Authorization of Consent (Treatment of a Minor)

(I, (We), the undersigned, parent(s) of Student: _____ (minor) do hereby authorize the hospital most accessible during the time of accident or illness or _____ (State preference of hospital.) to administer 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 on the medical staff or said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This action would not be taken unless the parents could not be reached.

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 is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective for the duration of attendance at any school in the Christian Unified School District unless revoked in writing to the school.

****BOTH PARENTS MUST SIGN, OR DESINGATED GUARDIAN FOR INTERNATIONAL STUDENTS**

SIGNATURE OF PARENT/ LEGAL GUARDIAN:

DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN:

DATE: _____