



Inspire School of Arts and Sciences

335 W. Sacramento Ave.
Chico, CA 95926
530-891-3090

2018-19 Parent Permission for School Sponsored Activities and Consent to Medical Treatment
(Walking Field Trip Form)

(Name of Student) _____ has the opportunity to participate in school activities away from school premises. If you approve the following arrangements, please sign at the bottom of this section and return this form to the school office.

Nature of Activity: Academic/Athletic/Cultural Activities

Destination: Various sites within Chico; Mainly to CSU, Chico

Date: Throughout the school year

Time of Departure: *varies

Time of Return: *varies

Trip Supervisor: Inspire Staff

Means of Transportation: walking

*Applicable for all trips during normal school hours. You will be notified if any trip occurs outside school hours.

I understand the nature of this school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of this activity.

I understand that, pursuant to Education code #44808, the district is liable or responsible for the conduct or safety of my son/daughter only while he/she is or should be under the immediate and direct supervision of any employee of the district.

I hereby give my permission for him/her to participate in these educational activities.

I further agree that, in the event of accident, illness or any other circumstance requiring medical treatment such treatment may be procured for my son/daughter without financial obligation to the district.

Date: _____ Signature of Parent/Guardian: _____

Important medical information the supervisor should know: _____

Emergency telephone numbers: _____

-This form must be kept by the chaperone during the activity.-

Authorization to Treat a Minor

I (We), the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

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

Date: _____ Signature of Parent/Guardian: _____

Allergies to Drugs or Foods: _____

Date of Last Tetanus Toxoid Booster: _____