



Delhi Unified School District Field Trip Permission Form

I hereby give my permission for my son/daughter, _____, to attend a school field trip, which will be supervised by his/her teacher, _____ to travel by school transportation or commercial carrier to (location) _____ on (date) _____, from (time) _____ to _____. I understand that the purpose of the field trip will be to : _____

I understand that students will/will not need to bring money (cash please) for lunch.

Permission slip need to be returned to the school by _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE INFORMATION

Is this child taking medication regularly? YES _____ NO _____
If yes, give: Name of drug _____ Dosage _____
Prescribed by Dr. _____ Phone _____
Does this child have a health condition which may affect him/her at school? YES _____ NO _____
If yes, please explain _____

HOSPITAL AUTHORIZATION

Please check one:

_____(I) (We) the undersigned parent(s) of _____ A minor, do hereby authorize DELHI UNIFIED SCHOOL DISTRICT as agent(s) for the undersigned to consent to 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 supervisions of, any, physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that the 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 aforementioned physician in the exercise of his/her best judgment may deem advisable.

I hereby give permission for _____, who is in charge of the trip to act as my agent if my student is injured or becomes ill during the trip and I cannot be reached by telephone to authorize medical treatment for my child deemed necessary by licensed medical personnel.

_____(I) (We) DO NOT WANT our child taken to the hospital even if we cannot be reached in an emergency.

I hereby hold the Delhi Unified School District and any of its staff blameless if complications arise as a result of their good faith efforts to assist and aid my child.

Parent/Guardian Signature: _____ Date: _____

CONTACT INFORMATION

Home phone: _____ Other phone: _____

If we cannot reach you, indicate the person responsible for picking up your child:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event of an emergency requiring the services of a doctor, who may we contact?

Dr. _____ City _____ Phone: _____