

HomeTech Charter School

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Year – Long Field Trip Permission and Medical Form

During the school year, HomeTech will take a number of field trips, and this permission form will be used for all field trips except those involving overnight stays or moderate or high risk activities, which will require a separate form. Transportation will be by private vehicles operated by HomeTech parents and/or staff. A copy of this form will be kept on file and another copy carried on every field trip.

Student Name _____

Address _____ Home Phone _____

Cell Phone _____

Alternate Contact _____ Phone # _____

Doctor _____ Phone # _____

Allergies or special medication _____

Exclusion of examination, diagnosis or treatment _____

I/We, the undersigned parent, parents or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and hospital emergency 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 medical 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 this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. 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 the provision of Section 25.8 of the Civil Code of California.

Parent/Guardian Signature _____ Date _____