



SARATOGA UNION  
SCHOOL DISTRICT

## REDWOOD MIDDLE SCHOOL FIELD TRIP AUTHORIZATION

PLEASE RETURN THIS FORM BY:

1/22/2015

Date: 2/7/2015

To: CMEA Jazz Festival, Santa Teresa High School

Departure Time: Meet @ STHS, 9:15 AM

Phone #: (408) 867-3042 x 151

Return Time: Students dismissed for pick-up at 12:25 PM

By: Meet at site: 6150 Snell Ave., San Jose CA

Admission/fee due: ☐ \$ \_\_\_\_\_  
X No charge

Lunch: ☐ Bring a lunch  
☐ Bring lunch money

Special Instructions: Refer to schedule and handout

Relation of field trip to classroom instruction: Performance and adjudication of jazz band.

### PARENT/GUARDIAN NAME:

*Please complete and return this authorization form*

Student's Name: \_\_\_\_\_

**Teacher: Jow/Taniguchi**

has my permission to participate in the above mentioned field trip.

I hold the District, its agents, volunteers and employees harmless from liability/claims which may arise in connection with my child's participation in this activity. (Ed. Code 35330)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Daytime Phone: (Primary):** (    ) \_\_\_\_\_ **(Secondary):** (    ) \_\_\_\_\_

**Parent/Guardian Daytime Phone: (Primary):** (    ) \_\_\_\_\_ **(Secondary):** (    ) \_\_\_\_\_

### MEDICAL AUTHORIZATION:

In the event of any emergency requiring medical assistance, the school will attempt to contact the parent immediately; however, should family contact not be possible, we ask for your consent to act on your behalf to protect the safety and welfare of your child.

I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and/or hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a medical staff or the hospital or facility furnishing medical or dental services.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_