



SARATOGA UNION
SCHOOL DISTRICT

REDWOOD MIDDLE SCHOOL FIELD TRIP AUTHORIZATION

PLEASE RETURN THIS FORM BY:

Thursday, Sept. 3

Date: 9/18/2015

To: Castillero Premier & Exchange Concert

Departure Time: after school (c. 3:30)

Phone #: (408) 867-3042 x151

Return Time: Students to be picked up by parents at site:
Castillero MS: 6384 Leyland Park Dr.
San Jose, CA 95120

By: Bus to event, family pick-up after

Admission/fee due: \$ _____
 No charge

Lunch: N/A

Special Instructions: Bring instruments, music and uniforms on Friday morning of performance, drop off in string room (52)

Relation of field trip to classroom instruction: Debut performance of Vivace and Chamber strings.

PARENT/GUARDIAN NAME:

Please complete and return this authorization form

Student's Name: _____

Teacher: _____

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: _____