



SARATOGA UNION
SCHOOL DISTRICT

REDWOOD MIDDLE SCHOOL FIELD TRIP AUTHORIZATION

PLEASE RETURN THIS FORM BY:

____/____/____

Date: 9/27/2013

To: Vivace Strings @ Castillero Premiere Performance

Departure Time: 3:30 PM

Phone #: (408) 867-3042 x 151

Return Time: pick up at site (6384 Leyland Park Dr., SJ)

By: Private Car Bus Other _____

Special Instructions: Please refer to handout/schedule for event

Relation of field trip to classroom instruction: 2013-2014 debut performance for 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: _____