## BRIDGES CHARTER SCHOOL PARENT'S OR GUARDIAN'S PERMISSION FOR SCHOOL-TIME FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

	has my p	ermission to participate in the
(Student Name: pleas		r · · · · r · · · · · · · · · · · · · ·
(Event - field trip/location)		on
-		Date
Departure time:	A.M. / P.M. Return time:	A.M. / P.M.
Supervising Teacher (please	eprint):	
General Activity(s) to be included:	1 2)	
lethod of Transportation:		
Student is <b>Walking</b>	Student <b>will ride on Bus</b>	
Student will ride in <b>PR</b>	IVATE VEHICLE:	
	l drive my own child My child will	ride with an annroyed driver
	Utivers Name(to be assigne	d by classroom teacher)
EVOLULANE HEAL BUILDIOUD AND	· · ·	,
F 100 HAVE HEALTH INSURANCE	E list name of company, policy number and g	group number:
oarent/guardian's expense. <b>ASSUMPTION OF RISK:</b> By signatur	on." Failure of student to comply with rules may resure hereon, parent/guardian waives liability against the ent to potential harm including injury or death.	_
	Y	
	XAuthorized Signature of Pare	nt or Guardian (required)
AUTHORIZATION FOR	Student Name:	
MEDICAL CARE	Home Address	
If it becomes necessary for my child to have medical care while	Home Address:	
participating in this trip, I hereby	Parent/Guardian Home Phone No.:	
give school personnel permission to use their judgment in	Parent/Guardian Work Phone No.:	
obtaining medical care for the		
child, and I give permission to the physician selected by school	Emergency Contact Phone No.:	
personnel to render medical care	X	
deemed necessary and appropriate by the physician. I	Authorized Signature of Parent or Guard	ian
understand that the school		Date
carries student accidental injury insurance in an amount limited	Parent or Guardian's Name (Please Print)	
to \$25,000 (applies excess of family health insurance if applicable.)  CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR PRESCRIBED OR COUNTER MEDICATIONS FOR THE STUDENT ARE ON FILE AT THE SCHOOL.		