

# **FAMILY PARTNERSHIP CHARTER SCHOOL**

P.O. Box 490 • Santa Maria, CA 93456 • (805) 348-3333 • fax (805) 348-3334 • [www.fpcharter.org](http://www.fpcharter.org)

## PARENT'S OR GUARDIAN'S PERMISSION AND AUTHORIZATION FOR MEDICAL CARE

To the Executive Director of: \_\_\_\_\_ Family Partnership Home Study Charter School \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the  
(Student Name: please print)

(overnight trip/location) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date)

Departure time: \_\_\_\_\_ A.M. / P.M. Return time: \_\_\_\_\_ A.M. / P.M.

Supervising Teacher (please print): \_\_\_\_\_

<b>General Activity(s) to be Included:</b>	_____ _____ _____
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Method of Transportation: **Bus** \_\_\_\_ **Private Vehicle** \_\_\_\_ **Other:** \_\_\_\_\_

**PARENTS, PLEASE NOTE:** Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." **Failure of student to comply with rules may result in student being sent home at parent/guardian's expense.** Field trips are voluntary and a privilege; student may remain in school at parent/ guardian's request. **\*In the event that funds are not raised for full funding of the trip, individuals will lose their \$ \_\_\_\_\_ nonrefundable deposit.**

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian

Check here if child **may not** participate in Activity number: (1) (2) (3) (4) (5) (6) [Circle if applicable]

Check here to confirm that you have read and received the detailed itinerary, instructions and requirements.

Student Name: \_\_\_\_\_

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

Parent/Guardian Home Phone No.: \_\_\_\_\_

Parent/Guardian Work Phone No.: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian's Name (please print)

Date: \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

**NOTICE: Certain locations may be without ready access to emergency rescue or medical aid. Terrain, unexpected weather or possible encounter with wildlife may expose student to risks of injury.**