

PARENT PERMISSION FORM

To the principal of Our Lady of Guadalupe School:

I hereby request that \_\_\_\_\_ participate in the field trip to \_\_\_\_\_ Time and Date \_\_\_\_\_ Fee \_\_\_\_\_ Due Date \_\_\_\_\_

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

- I certify that my child is at least six (6) years old or at least sixty (60) lbs. I certify that my child is not six (6) years old or at least sixty (60) lbs. Therefore, I understand that I must provide a safety seat or a booster seat to be used for his/her transportation as required under California law. Source: California Vehicle Code Sec. 27360, Reference: http://www.chp.ca.gov/community/safeseat.html

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

CONSENT FOR TREATMENT

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of Our Lady of Guadalupe School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_ I would like to be a chaperone. I have completed a Shield the Vulnerable training and have the certificate on file in the office.

YES \_\_\_\_\_ NO \_\_\_\_\_ I offer to drive. (If yes, please fill out BACK of this form.) I have completed a Shield the Vulnerable training and have the certificate on file in the office.

CERTIFICATION AND AUTHORIZATION

I have offered to use my privately owned vehicle for transporting students to a school related activity. I certify that I possess a valid, unrestricted California Driver's License and that I currently have \$100,000/\$300,000 in automobile liability insurance coverage on the automobile to be used.

Name of Driver: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address of Driver: \_\_\_\_\_ Street \_\_\_\_\_ City/Zip \_\_\_\_\_

Driver's Cell Phone #: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

Yr/Model/Style: \_\_\_\_\_ Auto License #: \_\_\_\_\_

No. of Child Seat Belts: \_\_\_\_\_ (Do Not include front passenger seat)

Persons who offer to use their privately owned vehicles for student transportation to school related activities should be aware that although there is a liability insurance policy for the diocese, it is the individual driver's own insurance that must provide the coverage for him/her in case of an accident.

Attach copies of: \_\_\_\_\_ Valid, unrestricted California Driver's License \_\_\_\_\_ Declaration Page of Automobile Insurance Policy

I understand that the law requires seat belts for each person in the car who is six (6) years of age or older or weighs over sixty (60) lbs. Children under six (6) years of age or under sixty (60) lbs. must ride in a secured car seat or booster seat.

I am further aware that for vehicles with air bags the National Highway Traffic Safety Administration recommends:

- Children age 12 and under should ride buckled up in a rear seat. If children 12 years and younger must sit in the front seat o First ensure that they use seat belts and/or child restraints appropriate for their size and weight. o Then move their vehicle seat all the way back. o The child needs to be sitting with his/her back against the seat back, with as little slack as possible in the belt.

I will take every precaution to ensure the safety of all those in my vehicle.

Driver's Signature \_\_\_\_\_

ATTENTION DRIVERS: Drivers may NOT make any stops between school and the destination or from the destination and school.