Carondelet / De La Salle High School Off-Campus Consent Form

l,	the parent of	augusta tha ash	nool to allow my child	_, a student at to attend		
П	Event: A	pha Retr	Lat Destination:	<u>Carardelet</u>	45 Date: 9/9/10	e-9/10/
	Please circle the method of transportation that will be used for this field trip:					
	Bus	BART	Teacher driver	Student driver	Chaperone driv	/er
V/A	Parents: Please mark the boxes that apply for this field trip: My shild may ride the bus or BART My child may drive themself (please attach a copy of student's driver's license and insurance liability page) My child may drive another student(s) (please attach a copy of student's driver's license and insurance liability page) My child may ride with another student My child may ride with a parent/chaperone I give permission for my child to go on the above-mentioned field trip. In consideration for securing the arrangements, I hereby release and save harmless the school and its agents from any and all liability for any injury that may occur during this trip.					
	Signature of Parent or Guardian Our permission is hereby given to the school representative of CHS or DLS High School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:					
	Student's Na	ıme	THE RESIDENCE OF THE PROPERTY			
	Parent or Gu	ıardian Signat	ure	Date:		
	Home Addre	ss:		Home F	hone:	
	Business Ad	dress:		City	Zip	
	Business Ph	one:	Emergency F	· ·		
	Special health considerations, allergies, (drugs, food, insect bites, etc.) or limitations on physical activity:					
	Medications	and dosage: _				
	Age of Student: Medical Insurance Carrier:					
	Medical Num	nber:		<u> </u>		
	Family Docto	or:		Pho	one:	

Teachers: Please give a duplicate copy of this completed form to the Attendance Office and the Assistant/Vice Principal. All drivers (students, teachers, and chaperones) must provide a copy of their driver's license and insurance liability form.