CHRIST THE KING CATHOLIC SCHOOL
195-B BRANDON, PLEASANT HILL, CA 94523

CLUB CTK

(925) 685-0995

PARENT PERMISSION FORM 2018-2019

To the Principal of Christ the King Catholic School:

Family Name (Please Print)**:**_____

I hereby consent to my **child:** _____, **Grade** _____

(Please Print) **child:** _____, **Grade** _____

child: _____, **Grade** _____

child: _____, **Grade** _____

Participating in occasional field trips to the Canal Trail or the Pumpkin Patch throughout the school year from August 21, 2018 to June 8, 2019. I understand these will all be **WALKING FIELD TRIPS** in which all children may participate. These trip dates will be posted on the monthly CLUB CTK Calendar. I understand that, if necessary, I can pick my child up at the field trip destination.

I agree to direct my child to cooperate and follow the directions given by the supervisory personnel in charge of the field trip.

I, the undersigned parent or legal guardian of the minor named above, authorize representatives of Christ the King School to act as my agent 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 provision 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 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.

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.

_____ _____

Signature of Parent or Guardian **Date**

_____ _____ _____

Address **Home Phone** **Cell or Work Phone**