



Santa Rosa Plateau (Red/White Tracks)
Friday, March 30th 2012

Please submit this permission slip your payment and the driver form to Mrs. Fearing in the main office of SRA West (Menifee Elementary) by Dec. 12th. You must complete both forms and pay by the deadline in order to attend the field trip.

Please complete this form: **Each student attending needs to have a permission slip.**

_____ has my permission to participate in the Field Trip
to _____.

I understand and agree to the following:

Initials _____ Special Events and activities are attended on a voluntary basis and upon completion of this event parents are responsible for their children. Students must adhere to the Santa Rosa Academy Behavior Code at all times while in attendance and failure to do so will be cause for removal from the event.

Emergency Contact Information: If Parent/Guardian is attending the event with their student, please check here _____

Parent/Guardian Name: _____ Phone# 1 _____

Phone# 2 _____

Emergency Contact other than Parent/Guardian _____

Relationship to the student _____ Phone# 1 _____

Phone# 2 _____

Consent to Treat: In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of attending physicians or dentist and performed by or under the supervision of a member of the medical staff or facility furnishing medical or dental services. I understand that I will be responsible for payment for any services, including ambulances or emergency transportation that may be considered necessary in the best judgment of emergency personnel and or attending physicians or dentists.

Health Insurance Company _____ Policy Number _____

Name of Physician _____ Phone Number _____

Are there any health or other issues that the staff should be aware of while the student is in attendance? **Y N**
If your student has any issues, of which the staff should be aware, please include a description on the back of this form.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Ed Code Sec 35330 states that "All persons making the field trip or excursion shall be deemed to have waived all claims against the School District or state of California for injury, accident, illness, or death occurring on or by reason of the field trip or excursion." My signature on this form shall constitute an informed and knowing waiver as required by law.

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Please complete the section below and attach it to the permission slip. Be sure to include all attendees for this field trip (students, siblings, parents, etc).

Parent/Guardian Name _____

Phone Number _____ Alternate Phone Number _____

Email address _____

| First and Last Name of Attendee | SRA student? (Y N) If no, what is relation to student? (sibling, aunt etc.) | If a student, what track? <i>Write in column below</i> Red or White | If under 18, include their age. | Grade Level |
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