



PARENT PERMISSION FORM

To the Principal of La Reina High School:

I hereby permit _____
 Name of Student

To participate in the field trip to _____ by means of _____

On _____ leaving at _____ and returning by _____

I hereby release and discharge La Reina High School and each and all of its agents and employees from any liability whatever resulting from or in any manner arising out of any injury or damage which may be sustained on account of my child's participation in this field trip, or the transportation in connection therewith. I hereby give the school agent permission to use his or her judgment in obtaining medical service for my child and I give permission to the physician selected by the school agent to render medical treatment deemed necessary and appropriate by the physician.

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

Educational objectives for this field trip:

Emergency Contacts:

Name _____ Telephone () _____ Cell # () _____

Name _____ Telephone () _____ Cell# () _____

Last Tetanus _____ Serious Drug/Food Allergies _____

Special Medications/Pertinent Health Information _____

Family Physician _____ Telephone # _____

 Parent/Guardian Name (Please Print)

 Place of Employment

Home Address

() _____
 HOME Telephone

() _____
 Business Telephone

() _____
 Cell Phone #

 Social Security No. (parent/guardian)

 Insurance Company

 Policy Number

 Signature of Parent/Guardian

 Date