

Palma Emergency Medical Authorization and Field Trip Authorization

I/We, the undersigned parent[s] and/or legal guardians[s] of _____, hereby authorize my/our minor son to attend the _____ on _____ as a representative from Palma High School. It is our understanding that the above program will be supervised by a responsible adult acting on behalf of Palma High School.

California Civil Code, Section 25.8, expressly provides that a parent/guardian may authorize an adult, into whose custody a child is entrusted, to consent to necessary dental and medical treatment, to wit:

Either parent, if both parents have legal custody, or the parent having legal custody or the legal guardian, of a minor may authorize, in writing, any adult person whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act .

Accordingly, I/We here by authorize Palma High School to procure emergency medical, hospital, or dental care for my/our minor son, in the event of injury or illness while he is in the care of an adult acting on behalf of Palma high School. It is understood that an exhaustive effort will be made to contact the parent[s] or guardians[s] of my/our child before treatment is given. I/We understand, and agree that I/We am/are financially responsible for any care so procured.

Signature of Father/Male Guardian

Signature of Mother/Female Guardian

Date Signed

Date Signed

The following medical condition[s] apply to the above named participant

- Epilepsy Allergies/Medicine Diabetes Other _____
- Special Health Conditions: _____

Print Name of Family Physician

Physician's Phone Number

Print Name of Family Dentist

Dentist's Phone Number

Print Name of Medical Insurance Coverage

Insurance Policy or Group Number

Parent/Guardian's Home Phone Number

Parent/Guardian's Work Phone Number

Other Information: