



## Field Trip Parent Permission Form

TO THE PRINCIPAL OF ST. LAWRENCE O'TOOLE SCHOOL:

I hereby give my permission for \_\_\_\_\_  
STUDENT NAME  
to participate in the field trip to \_\_\_\_\_  
DESTINATION  
on \_\_\_\_\_  
TIME AND DATE OF FIELD TRIP

- I certify that my child is at least six (6) years old or at least sixty (60) lbs.
- I certify that my child is not six (6) years old or at least sixty (60) lbs. Therefore, I understand that I must provide a safety seat or a booster seat to be used for his/her transportation as required under California law.  
Source: California Vehicle Code Sec. 27360. Reference: [http://www.chp.ca.gov/html/booster seats.html](http://www.chp.ca.gov/html/booster%20seats.html)

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plan. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

### CONSENT FOR TREATMENT

The undersigned parent or legal guardian of a minor, do hereby authorized a representative of St. Lawrence O'Toole School as agent(s) for the undersigned 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 provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnoses 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 authority and power on the part of the above-mentioned agents to give 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.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

- Yes, I offer to drive on: \_\_\_\_\_
- No, I am unable to drive for this trip.

### CERTIFICATION AND AUTHORIZATION

I have offered to use my privately owned vehicle for transporting students to a school related activity. I certify that I possess a valid, unrestricted California Driver's License and that I currently have *\$100,000/\$300,000 in automobile bodily/injury liability Insurance coverage on the automobile to be used.*

Persons who offer to use their privately owned vehicle for student transportation to school-related activities should be aware that although there is a liability insurance policy for the diocese, it is the individual drivers own insurance that must provide the coverage for him/her in case of an accident.

**Please attach to this form copies of valid, unrestricted California Driver's License and Declaration Page of Automobile Insurance Policy.**

<b>Driver Information</b>	
_____ DRIVER'S NAME	_____ DRIVER'S LICENSE NUMBER
_____ STREET ADDRESS, CITY, STATE, ZIPCODE	_____ PHONE NUMBER
<b>Vehicle Information</b>	
_____ VEHICLE MAKE	_____ VEHICLE MODEL/YEAR/STYLE
_____ LICENSE PLATE NUMBER	_____ NUMBER OF PASSENGER SEAT BELTS
<b>Driver Signature</b>	
_____ DRIVER SIGNATURE	_____ DATE