

**PARENT PERMISSION FORM**

To the Principal of \_\_\_\_\_ School

I hereby request that \_\_\_\_\_ participate

in the field trip to \_\_\_\_\_

Time and Date \_\_\_\_\_

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the 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/boosterseats.html>

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.

**CONSENT FOR TREATMENT**

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of \_\_\_\_\_ as agent(s) for the undersigned to consent to any

name of school

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 or 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 authority and power on the part of the above mentioned agent(s) 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  No I offer to drive on: \_\_\_\_\_

(If yes, please fill out Appendix 6007B.)

**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 liability insurance coverage on the automobile to be used.

Name of Driver: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address of Driver: \_\_\_\_\_  
Street City/Zip

Driver's Phone #: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

Yr/Model/Style: \_\_\_\_\_

Auto License #: \_\_\_\_\_ No. of Passenger Seat Belts: \_\_\_\_\_

Signature: \_\_\_\_\_

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 driver's own insurance that must provide the coverage for him/her in case of an accident.

Copies attached: Valid, unrestricted California Driver's License; Declaration Page of Automobile Insurance Policy.

I understand that the law requires seatbelts for each person in the car who is age four (4) and weighs over forty (40) lbs. and children up to age four (4) weighing under forty (40) lbs. must ride in a secured car seat

(The California Highway Patrol recommends that convertible car seats can be used facing either to the rear for infants under one (1) year, or to the front for older children from twenty (20) to forty (40) lbs. When seat faces forward, it is in an upright position.)

Effective January 1, 2002, California law requires every child over forty (40) pounds and under the age of six (6) or weighing at least sixty (60) pounds to be properly secured in a child restraint that meets federal motor vehicle safety standards. (<http://www.chp.ca.gov/html/boosterseats.html>)

\_\_\_\_\_  
signature

I am further aware that for vehicles with air bags the National Highway Traffic Safety Administration recommends:

- Children age 12 and under should ride buckled up in a rear seat.
- Infants in rear facing child safety seats should NEVER ride in the front seat of a vehicle with passenger side air bag.
- If children 12 years and younger must sit in the front seat, first ensure that they use seat belts and/or child restraints appropriate for their size or weight. Then move their vehicle seat all the way back. The child needs to be sitting with his/her back against the seat back, with as little slack as possible in the belt. I will take every precaution to ensure that safety of all those in my vehicle.

\_\_\_\_\_  
signature

**PARENT PERMISSION FORM – BUS FIELD TRIP ONLY**

To the Principal of \_\_\_\_\_ School

I hereby request that \_\_\_\_\_ participate

in the field trip to \_\_\_\_\_

Time and Date \_\_\_\_\_

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

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.

The Diocese of Oakland has been informed by the California Highway Patrol that it is not required to provide safety seats and booster seats for bus field trips.

**CONSENT FOR TREATMENT**

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of \_\_\_\_\_ as agent(s) for the undersigned to consent to any  
name of school

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 or 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 authority and power on the part of the above mentioned agent(s) 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 \_\_\_\_\_