



Annunciation Preschool Walking Field Trip Permission Form

Walking Field Trips will take place throughout the preschool year. This permission slip grants permission to take your child for a walk around the preschool grounds and neighborhood. Parents will be informed of the Field Trip ahead of time, including the distance of the excursion. The purpose of the walking field trip would be to gather leaves, rocks, bugs or just go on an age-appropriate adventure exploring nature.

CHILD'S NAME:	DATE OF BIRTH:
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I, the undersigned parent or legal guardian of the above-named student, give my permission for his/her participation in the Annunciation Preschool walking field trip. I hereby release and save harmless the preschool and any and all of its employees from any and all harm arising to my child and for any loss of property as a result of this trip.

Permission is given by: _____

Medical Permission Form

I, the undersigned parent or legal of guardian of _____, a minor, do hereby appoint teacher/advisor and/or chaperone as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the nearest Emergency 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 our aforesaid physician in the exercise of his/her best judgment may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code and shall remain effective for the current preschool year unless sooner revoked in writing to said agent(s).

Parent/Legal Guardian Signature

Parent or Legal Guardian Signature _____ Date _____

Necessary Medical Information

CHILD'S NAME:	DATE OF BIRTH:
IN CASE OF EMERGENCY, CALL:	CELL PHONE:
HOME ADDRESS:	WORK PHONE:
ALTERNATE PERSON TO CALL:	PHONE:
PHYSICIAN'S FULL NAME:	PHONE:
FAMILY INSURANCE POLICY:	POLICY NUMBER:
DESCRIBE IN FULL ANY ALLERGIES OR LIMITATIONS ON PHYSICAL ACTIVITY:	
DRUG ALLERGIES: _____	
FOOD ALLERGIES: _____	
OTHER ALLERGIES: _____	
PHYSICAL LIMITATIONS: _____	
CURRENT MEDICATIONS: _____	