

Woodland Christian School Day Care

Permission Form

July 2011 Day Care Trips

We/I the undersigned, herein authorize Woodland Christian School staff or any responsible adult person bearing this written a uthorization, into whose said care _____ has been entrusted, to consent to any x-ray examination, anesthetic, medical
(name of minor child)

or surgical diagnosis or treatment and hospital care, to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the California Dental Practice Act.

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 said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

An immediate and continuing effort will be made to contact the parents in case of serious injury or illness.

Waiver for participation in Extended Cares "Bring Your Bike, Scooter or Roller Blades Day". By signing this Agreement for Participation, the Participant and the Participant's Parent/Legal Guardian ("Adult") agree:

1. That Woodland Christian School Extended Care is having a "Bring Your Bike, Scooter or Roller Blades Day", on July 15, 2010. Participants will bring their own bike, scooter or roller blades and must bring and wear a helmet during the activity.
2. It is a privilege, not a right, to participate in the Event. The privilege may be revoked if participant does not follow the instructions and directions for the day.
3. The Participant and the Adult understand the nature of the Event, including the inherent or potential risks of potential risks of harm or injury. By this Agreement, the Participant and Adult are deemed to fully assume all such risks and, in consideration for the right to participate in the Event, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might have otherwise been able assert against the Woodland Christian School (including its employees and agents), and its Supervisors by or on behalf of the Participant and any parent, administrator, executor, trustee, guardian, assignee or family member.

The Event will be supervised by Woodland Christian School Extended Care's employees. The Participant shall comply with all instructions and directions of Extended Cares employees.

Student's Name _____ Date of Birth _____

Allergies _____

Date _____

Father/Guardian Signature _____ Emergency Phone _____

Mother/Guardian Signature _____ Emergency Phone _____

Permission form must be returned prior to field trip date.

Students will not be allowed to participate without written parental permission.

I will be driving for at least one field trip, and can seatbelt _____ students.

Name _____ Cell Phone _____

License Plate _____ Driver's License # _____ Exp. Date _____

Auto Insurance Carrier _____ Policy # _____