

Rocklin Unified School District

Whitney High School

Field Trip Parent Permission and Medical Authorization Form

Field Trip Name: Senior Activities

Field Trip Date: 5/31/2022 (Beals Point Folsom Lake) and 6/1/2022 (Lincoln Hills Golf Course)

Faculty/Staff Member: Jesse Armas

Student Name: _____

Date of Birth: _____

Student Address: _____

A BBQ lunch will be provided at Beals Point and a full buffet breakfast will be served at Lincoln Hills.

If the field trip listed above involves a water activity (***this event does involve water activities***), my student's swimming ability is:

- Beginner
- Intermediate
- Advanced

Parent/Guardian Name: _____

Parent Phone Number 1: _____

Parent Phone Number 2 (in case of emergency): _____

Other Emergency Contact Name (if parent is unavailable in emergency): _____

Relationship to student: _____

Emergency Contact Phone Number: _____

Physician Name: _____

Physician Address: _____

Physician Phone: _____

Insurance Name and Policy Number: _____

Special medical considerations regarding my student (allergies, medical conditions, etc.): _____

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician names above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all cost incurred as a result of the foregoing. I understand that by signing below, I am giving permission for my student to participate in the field trip and consent to medical authorization.

Parent/Guardian Signature: _____ Date: _____