

Woodland Christian School Day Care Permission Form

We/I the undersigned, herein authorize Woodland Christian School staff or any responsible adult person bearing this written authorization, into whose said care _____ has

(name of minor child)

been entrusted, to consent to any x-ray examination, anesthetic, medical 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.

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 # _____