



# HEIGHTS CHRISTIAN SCHOOLS

HCS-BREA • HCS-CHINO HILLS • HCS-LA MIRADA • HCS-WHITTIER • HCS-INTERMEDIATE/JUNIOR HIGH

## FIELD TRIP PERMISSION SLIP

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ School Year: \_\_\_\_\_

I give permission for my child to participate in school field trips sponsored by Heights Christian Schools (Brea, Chino Hills, La Mirada, Whittier, or Intermediate/Junior High). This permission slip is valid for field trips held within the confines of the regular school day. I understand that my child will be taking a bus for all field trips and that trips are supervised by school faculty. I understand that specific information regarding each field trip will be provided prior to the event.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION TO CONSENT TO TREATMENT

I, the undersigned parent of \_\_\_\_\_, a minor, do hereby authorize Heights Christian Schools, its adult agents and employees, into whose care said minor has been entrusted while traveling to and from and while attending Heights Christian Schools' outings, 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 advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to 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 provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of Heights Christian Schools, its adult agents and employees, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

The undersigned is a person having legal custody of, or is the legal guardian of, said minor.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT INFORMATION

Home Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Name on Policy: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications Used: \_\_\_\_\_

Known Medical Problems/Conditions: \_\_\_\_\_