EL DORADO UNION HIGH SCHOOL DISTRICT

Parent/Guardian Instructional Trip Authorization and Emergency Procedure/Insurance Verification

(Students: Return this form to the Activity Sponsor when completed.)

STUDENT LAST NAME		FIRST NAME		SCHOOL	GRADE		
					33332	0.0.02	
ACTIVITY					ACTIVITY SPONSOR		
LOCATION					DEPARTURE DATE/TIME		
TYI	PE OF TRANSPORTATION			ANTICIPATED RETURN DATE/TIME			
То	Parent/Guardian:						
1.	Your son/daughter has an opportunity to participate with a group from this school on the activity indicated above. One or more teachers with accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted.						
2.	Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.						
3.	It is the student's responsibility to communicate with each teacher about potential missed schoolwork. A student absent due to school-sponsored activities may be required by a teacher to complete work before the absence including tests and quizzes.						
4.	A student attending a school sponsored activity are expected to notify their teachers of their planned absence <u>at least 48 hours in advance</u> and make arrangements to complete all missed assignments in a reasonable period of time. Advanced notice is required to ensure teacher and students have sufficient time to make arrangements.						
5.	It is highly recommended that a student shall have satisfactory attendance and be current in his/her academic work in order to participate in the trip.						
6.	A student <u>will not</u> be permitted to accompany the group unless this form is signed by the parent or guardian, such signature to signify parental approval <u>and</u> completion of the health insurance information (see reverse side).						
			g my son/daughter to participate cident, illness, or death occurring				
	y signature below indicat prementioned conditions		ed student has our permission to	attend the fiel	d trip as outlined above and	per the	
		Parent or Guard	dian Signature		Date		

To Student: While you are participating in school-related business, you are required to communicate and <u>pre-arrange</u> for make-up work in missed classes with all of your teachers. **48-hour notice is required.**

Teachers of said student: Please sign below to verify student/teacher contact prior to the field trip. Teacher signature indicates acknowledgement the student will be missing class.

PERIOD	TEACHER	COMMENT	PERIOD	TEACHER	COMMENT
0			4		
1			5		
2			6		
3			7		

Parent/Guardian Instruction Trip Authorization Emergency Procedure/Insurance Verification

(continued)

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION

guardian of					
undersigned in our a and/or hospital care physician or surgeon	authorize the EL DORADO UNION absence, to consent to X-ray exar which is deemed advisable by, an licensed under the Medicine Actions duly licensed medical facility.	mination, anesthetic, medic nd is to be rendered under t, whether such diagnosis o	cal or surg	ical diagnos ral or specia	is or treatment, I supervision of any
given to provide auth emergency to any ar	authorization is given in advance hority and power on the part of ound all such diagnosis, treatment, on deem advisable. This authorized RNIA.	r aforesaid agent(s) to give or hospital care which the	e specific aforement	consent in a ioned physic	ny medical cian in the exercise
	rees to bear all costs incurred as chool-sponsored trip.	a result of the foregoing. T	his autho	rization shall	remain in effect for
Father or Guardian				Data	
Home/Cell		-	Business Phone	Date	
Mother or Guardian				Date	
Home/Cell Phone		E	Business Phone		
Allergic Reactions _ Medical/Accident Ins	surance				
Company Insurance Policy/Gro					
No. Family Physician				Phone	
Special Instructions:					

Note: This form will be in the sponsor's possession throughout the trip.

(I), (We), the undersigned parent or