



**Parent/Guardian Instruction Trip Authorization  
Emergency Procedure/Insurance Verification**

(continued)

**EMERGENCY PROCEDURE AND INSURANCE VERIFICATION**

(I), (We), the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize the EL DORADO UNION HIGH SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this school-sponsored trip.

Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Allergic Reactions \_\_\_\_\_  
Medical/Accident Insurance Company \_\_\_\_\_  
Insurance Policy/Group No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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