



FIELD TRIP PERMISSION FORM

BOTH SIDES OF THIS FORM **MUST** BE COMPLETED AND SIGNED BY THE PARENT OR GUARDIAN OF THE NAMED STUDENT

TO: Parent/Guardian
FROM: Frank C. Worrell, Faculty Director

Your son/daughter _____ has an opportunity to participate in a field trip to: _____

- This trip counts toward the course's total hours of instruction; contact instructor immediately if student cannot attend
- This trip is optional and does not count toward the course's hours of instruction

DATE OF FIELD TRIP: _____

MODE OF TRANSPORTATION:

DEPARTURE TIME: _____

- Chartered Bus
- School Bus/Shuttle
- Public transport (BART, MUNI)
- Walking

RETURN TIME (APPROXIMATE): _____

STUDENT WILL NEED TO BRING: _____

Teacher's signature

Director's signature



I permit my son/daughter to participate in this field trip.

^x _____
Parent/guardian's signature

PLEASE COMPLETE THE AUTHORIZATION FORM ON THE **REVERSE SIDE**

ACADEMIC TALENT DEVELOPMENT PROGRAM
UNIVERSITY OF CALIFORNIA, BERKELEY
70 UNIVERSITY HALL
BERKELEY, CA 94720-1160

MAIN OFFICE: **510-642-8308** • WASHINGTON SCHOOL (ELEMENTARY DIVISION): **510-231-1417**



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

BOTH SIDES OF THIS FORM **MUST** BE COMPLETED AND SIGNED BY THE PARENT OR GUARDIAN OF THE NAMED STUDENT

I, the undersigned, am the parent having legal custody of the minor named on the reverse side.
 legal guardian of the minor named on the reverse side.

I hereby authorize the ATDP course instructor into whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority on the part of the ATDP course instructor to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician or dentist in the exercise of his or her best judgment may deem advisable.

I also understand that every reasonable effort will be made to obtain verbal permission from me prior to any such X-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California, and shall remain in effect until (indicate any date after the trip): _____ unless I sooner revoke it in writing.



Parent/guardian's name (please print)

x _____
Parent/guardian's signature

Date

ADDENDUM TO EMERGENCY INFORMATION

<p>ATDP must have emergency information for all students. If you have not yet provided this information, fill out this form. You should also complete this form if:</p> <ul style="list-style-type: none"> • you have additional information that could be important while travelling • you want to update information you sent earlier • you aren't sure whether ATDP has this information 	STUDENT'S NAME			
	RESIDENTIAL ADDRESS			
	HOME PHONE ()	PARENT'S WORK PHONE	()	
	INSURANCE PROVIDER			
	POLICY NUMBER			
	MEDICATION(S) STUDENT IS TAKING			
	MEDICATION STUDENT CANNOT TAKE			
IMPORTANT MEDICAL HISTORY / NOTES				