

Nevada City School of the Arts
Annual Local Field Study Permission Slip
(Attach List of Day Trips for the Year)

_____ has my permission to go on various local, one day field study trips from August, _____ through June, _____ to be driven in private cars, walk or take local buses and to be chaperoned by teachers staff and parents of Nevada City School of the Arts (NCSA).

Consent to Emergency Treatment: In the event that I/We cannot be readily contacted, I/We the undersigned parent(s) of _____ a minor, do hereby authorize agent(s) of the Nevada City School of the Arts to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of California, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital or in any other locale.

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 the aforesaid agent(s), including but not limited to faculty, staff and chaperones, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned qualified physician, in the exercise of his/her best judgment, may deem advisable. This authorization is give pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until cancelled in writing.

List significant allergies of said minor: _____

Has said minor had previous tetanus immunization series and booster shots? Y N When: _____

Health Insurance Company, policy or group number: _____

Doctor's Name: _____ Phone Number: _____

Please list any health conditions we should be aware of:

List any medications said minor may need (Note: Medications will only be given with doctors' orders on file. Only teacher may administer):

Parent/Guardian Phone numbers:

Name _____ Work _____ Home _____ Cell _____

Name _____ Work _____ Home _____ Cell _____

Other Emergency contacts:

Name _____ Work _____ Home _____ Cell _____

Name _____ Work _____ Home _____ Cell _____

I release the Nevada City School or the Arts, and the instructors, chaperones and support staff from any and all liability and/or responsibility incurred in the event of any accident unforeseeable circumstance or negligence, common or unusual.

As a condition of Participant's participation a program conducted by or under the auspices of Nevada City School of the Arts I agree that I will be fully responsible for any and all personal injuries or property damage or other loss that may result and I agree to indemnify and hold harmless Nevada City School of the Arts, their parents, subsidiaries, and related entities, and their respective employees, to the fullest extent permitted by law, for any damages or liabilities that result from such participation and for use by Participant

Signature of Parent/Guardian: _____

Date: _____