

LA Promise Fund Field Trip Authorization Form



1. FIELD TRIP DETAILS

LOCATION: Headspace, 2415 Michigan Ave, Santa Monica, CA 90404		DATE: Friday, July 14, 2017
ARRIVAL TIME: 10AM	DEPARTURE TIME: 1PM	METHOD OF TRANSPORTATION: SCHOOL BUS BUS PICK-UP: LA TIMES BUILDING, 202 W 1st STREET, LA 90012 (1st & Spring)

2. STUDENT INFORMATION (Please Type or Print Clearly)

STUDENT NAME (Last, First, Middle Initial):	DATE OF BIRTH:
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ADDRESS (Number, Street, and Apt or Suite No.):

ADDRESS (City, State, Zip):

Does your child have any physical/mental limitations we should know about? Brief Description: YES NO

Does your child have any food allergies we should know about? Brief Description: YES NO

CELL PHONE:	HOME PHONE:	WORK PHONE:
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B. PARENT/GUARDIAN NAME (Last, First, Middle Initial):	RELATIONSHIP
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HOME ADDRESS (Street Address, City, State, Zip Code)

CELL PHONE	HOME PHONE	WORK PHONE
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4. EMERGENCY CONTACT

NAME (Last, First, Middle Initial)	RELATIONSHIP
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CELL PHONE	HOME PHONE	WORK PHONE
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EMERGENCIES & RELEASE OF LIABILITY

In the case of emergency, LA Promise Fund will make every effort to contact the guardians of the child involved before any treatment is begun. However, in the event we are unable to make contact with the parents or guardians, we require that the parent or guardian sign this medical release in order for their child to participate in programs.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY LA PROMISE FUND TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs and will hold LA Promise Fund, its representatives and directors, counselors and staff, harmless. I hereby agree to hold harmless LA Promise Fund, directors and administration of any liability related to any and all LA Promise Fund activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the area where such activities and programs take place.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT, AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND, THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30 DAY NOTICE. I HAVE MADE MYSELF A COPY OF THIS CONTRACT.

Parent/Guardian Signature Parent/Guardian Printed Name Date