

Gorman Learning Center
1826 Orange Tree Lane
Redlands, CA 92374

FIELDTRIP / EXCURSION WAIVER AND MEDICAL AUTHORIZATION – MINOR
ALL FIELDTRIPS AND SPECIFIC ACTIVITIES

_____ has my permission to participate in the activities listed below. I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the school in writing.
3. Revocation is not effective until receipt is acknowledged by the school.

Consent to Treat:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentists and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I will be responsible for payment for any services including ambulance or emergency transportation, that may be considered necessary in the best judgment of emergency personnel and/or attending physicians or dentists.

1. Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
2. All medication must be registered on this form with a physician's written instructions on dispensing:

3. All prescriptions, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, kindly attach a description of the problem to this sheet.

Signature of Parent/Guardian Date

Signature of Student Date

Address Phone

Health Insurance Company / MEDICAL Policy Number