



FIELD TRIP AUTHORIZATION FORM

California Institute of the Arts Community Arts Partnership (CAP) & its Partner Site

PARENT/GUARDIAN CONSENT FOR FIELD TRIP AND MEDICAL AUTHORIZATION

..... has my permission to participate in this field trip.
(Student's Name)

Location:

Date:

Departure Time: am/pm

Return Time: am/pm

Supervising Teacher:

METHOD OF TRANSPORTATION:

- CalArts Van
- Private Automobile
- Walking
- Bus
- Other

PARENTS/GAURDIANS PLEASE NOTE:

All persons making the field trip are deemed to have waived all claims against California Institute of the Arts and its employees and the partner site and its employees for injury, accident, illness, or death occurring during or by reason of the field trip.

.....
(Parent/Guardian Signature) (Date)

MEDICAL AUTHORIZATION

Should it be necessary for (Student's Name) to have medical treatment while participating in this trip, I hereby give California Institute of the Arts and its partner site personnel permission to the physician selected by the supervising personnel to render medical treatment deemed necessary and appropriate by the physician. I understand California Institute of the Arts and its partner site have no insurance covering such medical or hospital costs incurred for my child, and therefore any cost for such treatment shall be my sole responsibility.

List any medical conditions, allergies, medications, and other health related issues you want CAP to be aware of:

.....

Please print name of Parent or Guardian:

Emergency Telephone Number:

Address:.....

Home Telephone Number: Business Telephone Number:

Parent/Guardian Signature

*Please return this form to the CAP instructor