



ST. THERESA
SCHOOL

ST. THERESA SCHOOL

PARENT PERMISSION FORM

To the Principal of St. Theresa Catholic School:

I hereby request that _____ participate in

a **walking field trip within one mile of school during the 2016 – 2017 school year.**

Consent of Treatment

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

(I), the signed parent or legal guardian of a minor, do hereby authorize a representative of **St. Theresa Catholic School** as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on medical staff or an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 of the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may be deemed advisable.

Parent/Guardian Signature _____ Date: _____