



One form per student

Name _____

Grade _____ Sun or Wed

- **ADDITIONAL INFORMATION** (any medical or food restrictions (allergies)): _____

- **AUTHORIZATION CONSENTING TO TREATMENT:** I authorize Temple Emanu-El to have my child brought to Kaiser, California Pacific Medical Center, or to an otherwise specified emergency facility for treatment if I cannot be reached in an emergency. This authorization shall remain effective until July 2011. Please list specified emergency facility (other than Kaiser or CPMC):
Hospital: _____ Family Doctor: _____ Phone #: _____
- **AUTHORIZATION FOR FIELD TRIPS:** I give permission for my child to go on field trips and neighborhood walks. I will be notified, in advance, of specific field trip dates and destinations.

Parent/Guardian Name _____ Signature _____ Date _____



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