



Student#1

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 2009. 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 _____



Student#2

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 2009. 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 _____



Student#3

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 2009. 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 _____