



PERMISSION AND MEDICAL AUTHORIZATION FORM
OLD TOWN PROGRAM

Name of Student _____ Date of Birth _____

School _____ Teacher _____ Date of Participation _____

I understand that participation in the Old Town Program is voluntary. Student program materials are provided.

I am aware of the provisions of the Education Code Section 35330 which states, in part, that "...all persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion..." With the foregoing in mind, I authorize my above-named child to participate in the program as described in the Parent Letter.

I understand that my child will be transported from his/her school to the Old Town Program site for the week on program participation. Bus transportation will be provided through the San Diego Unified School District. *In an emergency, it may be necessary to have my child transported by an Old Town Program employee vehicle.

If it becomes necessary to obtain emergency medical care for my child due to accident or illness, such care may be obtained without further consent of parent/guardian. I personally assume responsibility for any costs of such care.

HEALTH CONCERNS OR ACTIVITY LIMITATIONS: [] None

[] Please list: _____

MEDICATIONS REQUIRED WHILE AT THE OLD TOWN PROGRAM: [] None

[] Please list: _____

NURSE: Please initial after reviewing health concerns: _____

NOTE: Do not send medication with your child. Medication your child uses during the school day should be given by an adult to the school office. The office will send it to the OCILE program. (Procedure No. 6372)

CHECK THE LUNCH ARRANGEMENT YOU PREFER: Milk is included for both choices.

_____ Please provide a picnic lunch at no cost to me.

_____ I will send a lunch from home.

Media Release: A representative from our site may be taking pictures during the week of your student's visit. The photos may be used for our website or other Old Town Program promotional purposes. Please indicate by checking the appropriate box below whether your student has your permission to have their photograph used.

[] I give permission to have my student photographed.

[] Please do not photograph my student

I have read the above terms and conditions and agree to the participation of my child in the Old Town Historical/Cultural Program pursuant to these terms and conditions.

Parent/Legal Guardian's Name (Please Print) _____ Date _____

Parent/Legal Guardian's Signature _____ Home Telephone _____ Work Telephone _____

Student's Address _____

IN THE EVENT OF ANY EMERGENCY, PLEASE CALL:

Name _____ TELEPHONE: _____