

**Summit Leadership Academy-High Desert  
Parent/Guardian Annual Field trip Permission, Waiver and Medical  
Authorization for Minor Students – 2011/2012**

Name of Student: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

This permission slip is valid for the 2011/2012 school year. Information on specific field trips will be sent home as they are scheduled.

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has **NO** special health need that the staff should be aware of and no medication is required on these trips.

\_\_\_\_\_ My student has a special health need as follows: \_\_\_\_\_

The following medication should be given to the person designated by the Program Director to dispense to my student while on this trip: \_\_\_\_\_

In accordance with **Ed Code S549423**, a written statement from the physician who prescribed this medication detailing the method, amount, and the time schedules by which such medication is to be taken has been provided to the school office and/or the certificated employee in charge of this trip.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care as considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California **Ed Code S549423**, I understand that I hold the state of California and the Hesperia Unified School District, Summit Leadership Academy-High Desert officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

**Family Medical Insurance Carrier:**

\_\_\_\_\_

Emergency Contact:

\_\_\_\_\_

Name and relationship to student

\_\_\_\_\_

Phone # daytime/evening

\_\_\_\_\_

Name and relationship to student

\_\_\_\_\_

Phone # daytime/evening

\_\_\_\_\_

Student Address

\_\_\_\_\_

City

\_\_\_\_\_

Zip

\_\_\_\_\_

Phone # daytime/evening

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**