



Field Trip Parent Permission Form

Date: _____

To: The Learning Castle
(School)

I hereby request that my son/ daughter, _____,
(Name)

a pupil at The Learning Castle, be permitted to attend the
(School)

Cleopatra Exhibit, Mysteries of Egypt IMAX and viewing of the Endeavour to be held at
(Name of Event)

California Science Center on Wednesday, November 28, 2012.
(Place) (Date)

My son/ daughter will be leaving the school at _____
(Time) 9:00 a.m.

and returning to the school at approximately _____
(Time) 3:45 p.m.

He/ she will travel to and from the place designated by way of

Southwinds. The cost of this field trip
(Type of Carrier)

is included in the Materials Fee.

In case of emergency during the field trip, a family member or I can be reached during the above hours at:

Phone: Alternate phone (if available):

Signed Date

Known Allergies: _____

Consent For Medical Treatment

I, _____, am (i) the parent having legal custody, (ii) one of the parents having legal custody, or (iii) the legal guardian for the above named minor child. I hereby authorize The Learning Castle, Inc. d.b.a. *The Learning Castle* and *L.C. Prep*, into whose care the minor has been entrusted, to consent to medical or dental treatment or care for the minor under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any emergency medical or dental treatment or care to be rendered to or for the minor under the general or special supervision of a qualified physician, surgeon, or dentist.

I further authorize The Learning Castle, Inc. d.b.a. The Learning Castle and L.C. Prep to receive physical custody of the child under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of the child to The Learning Castle, Inc. d.b.a. The Learning Castle and L.C. Prep.

X _____
Signature of Parent or Guardian Date