

To the Principal of Corpus Christi School,

I hereby request that \_\_\_\_\_ participate in the field trip  
to \_\_\_\_\_ on \_\_\_\_\_.

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

\_\_\_\_\_ I certify that my child is six (6) years old or older and/or over sixty (60) lbs.

\_\_\_\_\_ I certify that my child **is not** six (6) years old or at least sixty (60) lbs. Therefore, I understand that **I must provide a safety seat or a booster seat to be used for his/her transportation as required under California law.** Source: California Vehicle Code Sec. 27360, Reference: <http://www.chp.ca/gov/html/boosterseats.html>.

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

**We must be able to reach you in case of an emergency. Please provide the number where you can be reached DURING the field trip. ( \_\_\_\_\_ )**

**In an emergency notify: Corpus Christi School 510-530-4056**

### **CONSENT FOR TREATMENT**

(I), the undersigned parent or legal guardian, do hereby authorize a representative of Corpus Christi School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I am offering to drive on \_\_\_\_\_

No \_\_\_\_\_ Yes \_\_\_\_\_ **(If yes, please fill out Appendix 6007B over)**

**Drivers: Please complete this side**

I have offered to use my privately owned vehicle for transporting students to a school related activity. I certify that I possess a valid, unrestricted California Driver's License and that I currently have \$100,000/ \$300,000 in automobile liability insurance coverage on the automobile to be used.

Name of Driver \_\_\_\_\_ Driver's License# \_\_\_\_\_

Address of Driver \_\_\_\_\_ Phone \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Yr./Model/Style \_\_\_\_\_

Auto License # \_\_\_\_\_ # passenger seat belts \_\_\_\_\_

Passenger airbag? \_\_\_\_\_ Signature \_\_\_\_\_

Persons who offer to use their privately owned vehicle for student transportation to school related activities should be aware that although there is a liability insurance policy for the Diocese, it is the individual driver's own insurance that must provide the coverage for him/her in case of an accident.

Copies on file: Valid, unrestricted California Driver's License: Declaration Page of Automobile Insurance Policy.

I understand that the law requires seatbelts for each person in the car who is age four (4) weighing under forty (40) lbs. must ride in a secured car seat.

The California Highway Patrol recommends that convertible car seats can be used facing either to the rear for infants under one (1) year, or to the front or older children from twenty (20) to forty (40) lbs. When seat faces forward, it is in an upright position.

Effective January 1, 2002, California law requires every child over forty (40) pounds and under the age of six (6) or weighing at least sixty (60) pounds to be properly secured in a child restraint that meets federal motor vehicle safety standards-<http://www.chp.ca.gov/html/boosterseats.html>

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am further aware that for vehicles with air bags the National Highway Traffic Safety Administration recommends:

- Children age 12 and under should ride buckled up in a rear seat.
- Infants in rear facing child safety seats should NEVER ride in the front seat of a vehicle with passenger side air bag.
- If children 12 years and younger must sit in the front seat, first ensure that they use seat belts and/or child restraints appropriate for their size or weight. Then move their vehicle seat all the way back. The child needs to be sitting with his/her back against the seat back, with as little slack as possible in the belt. I will take every precaution to ensure the safety of all those in my vehicle.

Signature \_\_\_\_\_

Date \_\_\_\_\_