



**CLAIREMONT HIGH SCHOOL FOUNDATION
2023 COLLEGEBOUND TOUR**

Permission Form

My (son/daughter) _____ has permission to participate in the Clairemont High School PTSA 2020 College Tour trip from June 26, 2023 to June 30, 2023.

During the trip, parents/guardians may be reached at:

Parent/Guardian 1: _____

Phone number(s): _____

Parent Guardian 2: _____

Phone number(s): _____

My child is in good health and may engage in all activities __ Yes __ No

List any special accommodations or exceptions: _____

In an emergency situation, a care provider (first aider, emergency medical technician, doctor, etc.) may need to know the following information regarding my child's health (allergies, chronic illness, seizures, etc.) _____

Permission for emergency medical treatment:

I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above listed parents/guardians can be contacted, I consent to treatment for my child under the supervision of, and as deemed advisable by, a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Signature of parent/guardian _____ **Date** _____