



New Life Discovery Schools  
 1865 Herndon, K-335  
 Clovis, CA 93611



**VOLUNTARY FIELD TRIP**  
 PARENT CONSENT & EMERGENCY MEDICAL AUTHORIZATION  
 To the Director of NEW LIFE DISCOVERY SCHOOLS:

My child(ren) \_\_\_\_\_ has/have my permission to participate in the field trip to:

**Field Trip Name:** \_\_\_\_\_

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

**Departure time (from center):** \_\_\_\_\_ **am/pm**    **Return time (to center):** \_\_\_\_\_ **am/pm**  
 (times are approximate)

=====

**METHOD OF TRANSPORTATION**

1. Walking    2. Private Auto    3. School Bus    4. Other \_\_\_\_\_

I am able to transport children: yes / no    I have full coverage and \_\_\_\_\_ seat belts in my vehicle.  
 Parents please provide a working car seat for your child(ren) if they are 60lbs or under.

=====

**PARENTS PLEASE NOTE:**

It is necessary that parents specifically authorize their child(ren) to be included in this field trip. While supervision for this event will be furnished by the center; parents are hereby advised that such supervised by the center personnel will occur only during the time period stated above.

**EMERGENCY:**

Should it be necessary for my child(ren) to have an emergency medical treatment while participating in this field trip, I \_\_\_\_\_ hereby authorize NEW LIFE DISCOVERY SCHOOLS personnel to use their judgment in obtaining emergency medical services for my child(ren). I further authorize any individual selected by NEW LIFE DISCOVERY SCHOOLS personnel to render such medical treatment to my child(ren) as he/she may deem necessary and appropriate.

**PARENT SIGNATURE:**

**Date:** \_\_\_\_\_    **Phone #:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency #:** \_\_\_\_\_

**OFFICE USE ONLY**

**pd: \$** \_\_\_\_\_

**date:** \_\_\_\_\_

**check #:** \_\_\_\_\_

**payment received by:**

\_\_\_\_\_