

**PARENTAL DELEGATION OF AUTHORITY  
TO CONSENT TO MEDICAL OR DENTAL TREATMENT  
FOR MINOR CHILD (CIVIL CODE 25.8)**

TO: JOHN F. KENNEDY HIGH SCHOOL

We, the undersigned, are the parents of \_\_\_\_\_, a minor or I, the undersigned, am the sole parent having legal custody of said minor, or I, the undersigned, am the legal guardian, pursuant to order of the court, of said minor;

We, or I, hereby authorize any adult into whose care said minor has been entrusted to consent to X-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment and hospital care upon the advice of a physician, surgeon or dentist licensed under the Medical Practice Act or Dental Practice Act.

Child's Blood Type (If Known) \_\_\_\_\_ Date Signed: \_\_\_\_\_

Child's Drug Allergies, if any: \_\_\_\_\_

Listed any medication currently being taken: \_\_\_\_\_

\_\_\_\_\_  
List any illnesses in the past year: \_\_\_\_\_

(Father, or Legal Guardian, if any)

\_\_\_\_\_  
Witnesses Signature

\_\_\_\_\_  
Mother

**PARENTAL AUTHORIZATION TO PARTICIPATE IN  
DISTRICT APPROVED TRIP TO IRELAND AND ENGLAND FROM  
MARCH 11, 2008 THRU MARCH 20, 2008**

TO: KENNEDY HIGH SCHOOL, ANAHEIM UNION HIGH SCHOOL DISTRICT

I, the undersigned, am a parent/legal guardian having custody of \_\_\_\_\_ a minor pupil in said school. I hereby give my permission to said son/daughter/ward to participate in a district approved trip to Ireland and England from March 11, 2008 thru March 20, 2008

I understand that the ANAHEIM UNION HIGH SCHOOL DISTRICT does not purchase, or have, medical dental hospitalization insurance to cover injuries or to losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

I understand that Education Code #35330 provides, in part, as follows: "all persons making field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." In the event I am not available in an emergency, please notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

My child's doctor is \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Address (street) \_\_\_\_\_

(City) \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_