



San José State University MESA Center

College of Science, DH-241
One Washington Square
San José, CA 95192-0099

Phone: (408) 924-3798, Fax: (408) 924-4026

School: _____ Grade: _____

FIELD TRIP PARENT / LEGAL GUARDIAN CONSENT FORM

AND
EMERGENCY MEDICAL TREATMENT

I request that (Student Name) _____ be allowed to
attend the following MESA fieldtrip to (Location): Industry Shadow Day at one of the
following companies: NASA Tuesday, January 29, 2013 9:00 AM - 3:00 PM
via [X] Chartered Bus.

Pick up location / Time: 9:00 AM, San Jose State University Duncan Hall

Drop off location / Time: 3:00 PM, San Jose State University Duncan Hall

In the event the student, who is a minor, becomes ill or sustains an injury while in the care
or under the supervision of the directors or leaders of the MESA program, any of its officers
or leaders are given permission to administer First Aid for his / her relief. If it is not
practical to return him / her to us or to receive our instructions for his / her care, I (your
name) _____, parent / legal guardian, do hereby authorize MESA
as agents for the undersigned to consent for any x-ray examination, anesthetic medical or
surgical diagnosis or treatment, and hospital care which is deemed advisable by and
rendered under the Medicine Practice Act on the medical staff of a licensed physician or at
the said hospital.

I understand that this authorization is given in advance of any specific diagnosis,
treatment, or hospital care being required. This authorization is given pursuant to Section
25.8 of the Civil Code of California and remains effective only for the event and dates listed
above. Parents / Legal Guardians will be contacted immediately (if possible), should any
illness or accident occur to the student on the trip.

I will not hold liable the MESA organization, its officers or leaders, or the school district for
medical aid rendered and will reimburse the MESA organization and / or its officers and
leaders for medical or other expenses incurred in the care of the student.

Signature of Parent / Legal Guardian Date

Parent / Legal Guardian Phone Number(s):

Home Phone # Work Phone # Emergency Phone #

Family Doctor Information:

Name Address Phone #

Date of last tetanus shot: _____ Allergic to: _____