



P.O. Box 700 - 24335 Soboba Rd - San Jacinto, CA 92581
(951) 654-5596 – Fax # (951) 654-7198

PERMISSION SLIP

_____ has my permission to participate in the following activity and to be transported as provided by those in charge. Noli and Soboba will not be liable for the proper insurance coverage for the duration of travel and trip stay.

8TH Grade Beach Day

Permissions Slip & Money Due by 5/22/2023 NO EXPECTATIONS

DATE: 5/26/2023

TIME: Leaving at 8:45am Returning to Noli at 6:00pm, Parents MUST pick up their children from the school transportation will not be provided home

Cost: 10.00

In order for students to attend the beach day they must have completed their finals by Thursday May 25, 2023 and have NO incompletes in any classes.

AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR

My son/daughter _____ has permission to attend above listed event. While attending or traveling to and from the above mentioned activity, I hereby authorize a Noli School Representative or any such substitute as he/she may designate as an agent for the Undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act or of any dentist licensed under the provisions of the Dental Practice Act. *Please provide a copy of your son/daughter's medical card for our records with this form.*

Family Doctor

Doctor's Phone Number

List of allergies, medications, etc.:

Emergency Contact Name

() _____
Emergency Contact Phone Number

Name of Minor's Insurance Carrier

Insurance Policy Number

Parent/Guardian Printed Name

() _____
Parent/Guardian Phone Number

Parent/Guardian Signature

Date Signed