



# LOUISVILLE HIGH SCHOOL Permission to Visit Louisville

A National Blue Ribbon School of Excellence • Accredited by the Western Association of Schools and Colleges  
22300 Mulholland Drive • Woodland Hills, CA 91364 • (818) 346-8812 • Fax (818) 346-9483 • www.louisvillehs.org

## Eighth Grade Visit Day

The student's parent(s) or guardian should complete this form.

Student's Name: \_\_\_\_\_  
Last First Middle

Student's Current School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: ( ) E-mail: Fax: ( )

DATE: FRIDAY, NOVEMBER 7, 2008  
TIME: 7:45 a.m.-12:30 p.m.

*Snacks will be provided for student visitors at break time and our Parents Guild will provide a complimentary Bar-B-Q lunch.*

ANY MEDICATIONS OR ALLERGIES? PLEASE SPECIFY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE PHONE

Name: \_\_\_\_\_

Phone: ( ) Relationship: \_\_\_\_\_

The undersigned, as parent/guardian of (student's name) \_\_\_\_\_, hereby authorizes Louisville High School and its delegated adult leaders to consent to any medical and hospital care to be rendered to said minor under the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California. It is understood that if time and circumstances permit, the adult leader of Louisville High School will endeavor, but is not required, to communicate with me prior to such treatment.

The undersigned further agrees that Louisville High School and its delegated leaders are not legally or financially liable from any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.

This authorization and consent to treatment of a minor is given to Louisville High School in conjunction with any authorized Louisville High School event or program.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_