

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITY

Name of Student	School	Date of Birth	Grade
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Has my permission to participate in the following school activity.

School Activity: Any ASB Sponsored event such as (but not limited to): Rallies and practices, Power puff, lunchtime activities and student v. faculty volleyball, basketball and softball games and afterschool activities.

In case of emergency, I give permission for any necessary treatment/medication to be administered to my child by the attending physicians/nurses/dentists/hospital/paramedics.

California Education Code Section 35330 states, in pertinent part, as follows:

“All persons making the 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.”

For safety purposes, the school needs to be aware of any medical situation which may affect your child while participating in this school activity.

_____ Check here if there are no special medical problems of which the staff should be aware and no medications are required during the school activity.

_____ Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If medications are required, you must sign and attach the “Authorization for Medication” form obtained from the School Health Office and describe the medical problem:

(If swimming please indicate your child’s ability)

I have read and understand Education Code Section 35330 as quoted above.

I fully understand that my child is to abide by all rules and regulations governing conduct during the school activity. Any violation of these rules and regulations may result in my child being disciplined and/or sent home at his/her and/or parents’/guardians’ expense.

Signature of Parent/Guardian	Date	Address	Phone #
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Family Medical Insurance Carrier	Policy/Group No.	Phone
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NO STUDENT WILL BE PERMITTED TO PARTICIPATE IN THE SCHOOL ACTIVITY WITHOUT THIS FORM SUBMITTED PRIOR TO THE ACTIVITY