



Parent Consent for Voluntary Event/Activity and Emergency Medical Authorization (Transportation NOT Provided)

I hereby give my child, _____, permission to participate in the following:

Event	Date	Timeframe

MEALS

- Pupil should bring sack lunch
- Lunch will be provided
- Other: _____

TRANSPORTATION and SUPERVISION

- Transportation is NOT provided to or from this event.
- Students may not leave the site until their role/responsibility in the event has concluded. All students must check out with a supervising coach/instructor prior to leaving.

Event Agreement/Authorization:

It is necessary that parents specifically authorize their child to be included in this event. While supervision for this event will be furnished by the school during the event, parents are hereby advised that such supervision will occur only during the time period stated above (during the actual event). Although the school will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand the school assumes no liability whatsoever in case of injury or accident. It is also important for the student and the parent/guardian to realize that injuries or accidents can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury, such as, paralysis – partial or total, or even death. Further, I have been advised of the contents of the State of California Education Section 35330, which states in part: "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." By my signature below, I, as parent/guardian of named student, agree that I will not sue University High School or any of its employees or agents for personal injury, death or any other claim arising in any way out of my child's participation in the event described above. The Agreement is binding not me, but any person who may deem to represent or act on my behalf. I understand that my child/ward is not required to participate in the event described above and that this agreement not to sue is made in consideration of University High School allowing my child/ward to participate in this event. Understanding this, I am signing this Agreement freely and voluntarily and that by signing I am waiving righty which I might otherwise have.

() _____

Approval Signature (Parent/Guardian)

Student Signature

Student Cell Number

Date

Authorization to Treat a Minor:

Should it be necessary for my child to have emergency medical treatment while participating in event/activity, I hereby authorize University High School to use their judgement in obtaining emergency medical service for my child. I consent to have my child treated in an emergency room or hospital. I further authorize any individual selected by University High School personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. It is understood that an effort shall be made to contact the undersigned prior to rendering of any treatment, but that treatment will not be withheld if the parent/guardian cannot be contacted. I understand that any and all such costs shall be my sole responsibility. This authorization is given pursuant to the provisions of Section 25.98 of the Civil Code of California.

Emergency Medical Authorization: (Parent/Guardian please complete)

Authorization Signature of Parent/Guardian

Print Name of Parent Guardian

Please provide 2 telephone numbers for emergency contact.

Contact Name/Telephone Number

Contact Name/Telephone Number

My child has the following medical conditions, which may require special attention:

Allergies (list) _____

Diabetes _____ Seizures _____

Other (Explain) _____

My child will need medication during this event*:

Yes _____ No _____

*If "Yes", the authorization must be on file in the UHS Office.

Please check here if special instructions regarding medical treatment are on file in the UHS Office.