



DEL MAR MIDDLE SCHOOL

California Distinguished School

AFTER SCHOOL SPORTS PARTICIPATION PERMISSION SLIP

My child, (PRINT) _____ has my permission to participate in the after school sports program. Grade _____

Dates and locations: As designated by event

Transportation by: Private Car, Bus, or Walking

Person(s) in charge: As designated by event

Health Needs: *(fill in circle that applies)*

- My child has NO special health needs the staff should be aware of and NO medication is required.
- My student has a special health need, _____, and the following medication will be provided to the coach or person in charge to bring along and be returned at the end of the season:**

In the event of an emergency, such as illness or injury, I do hereby consent to whatever X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and/or supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services may be necessary.

I fully understand that participants are to abide by all rules and regulations governing conduct during sports activity.

As stated in California Education Code Section 35330, I understand that I hold the Reed Union School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian Signature

Student Signature

Date

Address

EMERGENCY CONTACT/PHONE NUMBER: _____