



DEL MAR MIDDLE SCHOOL

California Distinguished School

**AFTER SCHOOL SPORTS PARTICIPATION
PERMISSION SLIP**

My child, _____ has my permission to participate in the
(Print student name)
after school sports program.

Dates and locations: *As designated by event*

Transportation by: Private Car Bus Walking

Person(s) in Charge: *As designated by event*

Health Needs: (check appropriate box)

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 should be given the person in charge to have along:

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 hospital care from a licensed physician and/or surgeon or performed by or under the 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

Daytime Phone #

EMERGENCY CONTACT/PHONE NUMBER: _____