

# PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT ATHLETIC PROGRAM

## PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FOR TRANSPORTATION OF STUDENTS, RELEASE NOT TO FILE A CLAIM

School Year: July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

To be completed by parent/guardian: School (check one):  El Dorado  Esperanza  Valencia  Yorba Linda

Name: \_\_\_\_\_ has permission to participate in the following field trip, activity or event.  
(Last) (First) (M.I.)

By my signature below, I/we hereby give permission for my son/daughter to participate in and be transported to and from the above-described activity. I/We realize that participation in this activity is voluntary as part of the Placentia-Yorba Linda Unified School District (District) school athletics/auxiliary program. I/We understand that this activity could cause serious illness, and/or injury, and/or death, and I/we assume all risks for any such illness, and/or injury, and/or death.

Field Trip, Activity, or Sports: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

### TRANSPORTATION INFORMATION

Departure time is when the school bus departs and return time is immediately following scheduled activity. Point of departure and return is from/to your school site. Destination will be at site of scheduled activity.

Method of transportation for above-named student may be by:

- District Bus  Commercial Charter  District Auto Driven by Staff Member\*  
 Private Auto Driven by Staff Member\*  Private Auto Driven by Parent\*  Private Auto Driven by Adult not a Staff Member\*  
 Private Auto, Student Driving Him/Herself Only\* (no other student passengers allowed)

**\* All drivers must complete the attached School Driver Registration Form which will be filed at the school site and at Risk Management. District employee drivers must also file a DMV report with PYLUSD Risk Management.**

### HEALTH HISTORY AND INSURANCE INFORMATION

Please check all that apply.

	My child has <b>NO</b> special needs the staff should be made aware of, and <b>NO</b> medication is required on this field trip, activity, sport.
	My child has a special need and/or medication required on this field trip, activity, sport. <b>Note: Attach instructions and location of medication. Number of attached pages: _____</b> <b>It is the responsibility of the parent to notify the school of any changes to their child's medication(s).</b>
	Allergies. List: _____
	Other: _____

Student's Date of Birth: \_\_\_\_\_ Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
For Religious Accommodation, a copy of the appropriate form must be attached.

Do you have current medical insurance coverage?  Yes  No (If no, please see Myers-Stevens & Toohey Student Accident & Health Insurance Brochure)

Name of Insured (Parent/Guardian): \_\_\_\_\_ Employer: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\* He/She  **MAY**  **MAY NOT (check one)** receive medical attention by a duly licensed physician.

\* He/She  **MAY**  **MAY NOT (check one)** be admitted to a hospital in case of an emergency.

I/we acknowledge that the District does not provide liability insurance and or health benefit insurance/coverage for participation in this activity. If I/we cannot be reached in case of an emergency, please call \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_

### RELEASE NOT TO FILE A CLAIM/AUTHORIZATION TO TREAT A MINOR

For and in consideration of permitting the above named child to participate in the activity described above, I/we the undersigned, for him/herself and personal representatives, assigns, heirs, and next of kin, as well as for any minor for whom this Release and Covenant Not to File a Claim is executed, or that minor's personal representative, assigns, heirs and next of kin, hereby voluntarily RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO FILE A CLAIM against the Placentia-Yorba Linda Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the activity, or any activities incidental to the field trip or excursion that is the subject of this authorization (Education Code Section 35330). The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by all participants. I/we understand these safety regulations will be enforced during all games and practices. I/we fully understand that participants are to abide by all rules and regulations governing conduct during this activity.

I/We the undersigned parent, parents, or legal guardian of the above named child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health, (only if we have given permission above to receive medical attention and admission to a hospital for a medical emergency). It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We agree to assume financial responsibilities for injuries sustained by my child.

I/We understand this field trip, activity, or event may be cancelled at any time for security reasons. Such trips are subject to modification or cancellation when the U.S. Dept. of Homeland Security announces either High Condition (Orange) or Severe Condition (Red). In the event of such cancellation by the District, I/we accept any and all financial risks or penalties imposed by any of the vendors providing services for travel, accommodations, or other trip-related services as a result of cancellation.

Parent/Guardian Name(s): \_\_\_\_\_;

Parent/Guardian Signature(s): \_\_\_\_\_;

Student Signature if 18 or Over: \_\_\_\_\_ Date: \_\_\_\_\_