

THE MONTGOMERY ELEMENTARY RUNNING CLUB

PERMISSION SLIP AND RELEASE FORM

(2-sided form must be received before you child can participate.)

I have read the running club program description and my initials and signature below indicate that I give permission for my child(ren)

(child's or children's names) _____

to participate in the Montgomery Elementary Running Club program at the dates and times indicated ____ (Parent/Guardian Initials).

I understand it is my responsibility to provide transportation for my child for this program. My child(ren) will leave school by: ____ (Parent/Guardian Initials).

Walking ____ Biking ____ Car ____

I, as parent/guardian, understand that by permitting my child(ren) to participate in this club, I have waived all claims against the club organizers and the Davis Joint Unified School District and its employees for injury, accident, illness or death occurring during or by reason of participation in this activity.

Parent/Guardian Signature

Date

Print Name

Phone # After School

Child's Grade and Teacher

Child's Grade and Teacher

Child's Grade and Teacher

PLEASE COMPLETE OTHER SIDE OF FORM ➡

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Parent/Guardian Emergency Procedure/Insurance Verification
(Form 2b)

MASTER FOR SCHOOL YEAR 2012/13
(NOTIFY SCHOOL OFFICE OF ANY CHANGES)

(I), (We), the undersigned parent(s) or guardian(s) of (if siblings are participating, list all names & provide info for each)

_____, _____, _____
a minor(s), do hereby authorize the DAVIS JOINT UNIFIED SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this academic year.

Parent or
Guardian: _____ Date: _____

Parent or
Guardian: _____ Date: _____

Home Phone: _____ Business Phone : _____

Alternate Emergency Phone#: _____

Health concerns (e.g. severe allergy, diabetes, seizure disorder, asthma, migraine, mental health problem, etc.)

Routine medication? Yes _____ No _____ If yes, please list: _____
(complete attached medication form if medication will be needed during field trip)

Medical/Accident Insurance Company: _____

Insurance Policy/Group No.: _____

Family Physician: _____ Phone: _____

Parent/Guardian Signature

Date

It is the responsibility of the parent or guardian to update this information. Please notify the office of any changes. The Davis Joint Unified School District does not provide medical coverage for students. If you do not have medical coverage or would like additional secondary coverage for school events at a nominal cost, you may pick up information on supplemental school medical coverage from the school site secretary.

PLEASE COMPLETE OTHER SIDE ➡