

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

PARENT PERMISSION FOR SCHOOL RELATED TRIP AND CONSENT TO TREAT

- Adelante HS Antelope HS Granite Bay HS Oakmont HS
- Roseville HS Woodcreek HS _____

This form must be completed for each activity and submitted five school days before the scheduled event.

Student's Full Name (print): _____ has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangements, please sign at the bottom and return the form to the faculty sponsor.

I understand and acknowledge that Education Code 35330 provides that all persons participating in the school-related trip 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 trip. In consideration thereof, I do hereby forever release and discharge, for ourselves, our heirs, executors, administrators, and assigns, the Roseville Joint Union High School District, its Board of Trustees and its officers, agents and employees of and from any and all claims of whatsoever kind of nature, for or because of personal injury, accident, property damage, illness, or death of any kind or nature, which may occur to the above-named student during said trip.

Event: Boys Lacrosse

Destination: See schedule

Date of Trip: TBD Estimated Time of Departure TBD am pm

Estimated Time of Return: TBD am pm

Means of Transportation: (Please check appropriate box)

- District Owned Bus Commercial Carrier Walking
- District Owned Vehicle Private Vehicle Bicycle

Name of Commercial Carrier: TBD

*** Original form must be carried with sponsor during trip*** Copy of form must remain in office***

I further understand that in the case of medical emergency, illness, or injury, the coach or other staff member has my express permission to take the above named student to a doctor or medical facility to receive emergency treatment.

IMPORTANT MEDICAL CONDITION/ALLERGY INFORMATION SCHOOL PERSONNEL SHOULD KNOW:

EMERGENCY PHONE NUMBERS:

Cell: _____ Home: _____ Work: _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

A PHOTOCOPY OF THIS FORM MUST BE FILED IN THE OFFICE PRIOR TO DEPARTURE FOR EMERGENCY PURPOSES