

Basketball/Volleyball Permission Form

Student Name: _____ Grade (entering): 3 4 5

Address: _____

Parent Name(s): _____

Email: _____

Phone #1: _____

Phone #2: _____

Alternate Adult Name: _____

Alternate Adult Phone: _____

<input type="checkbox"/>	I will arrange transportation for my child to be picked up at 1:30 PM .
<input type="checkbox"/>	My child can walk or ride their bike home at 1:30 PM .

Mark Your Choices	Activity/ Dates
<input type="checkbox"/>	Basketball (June 14-19)
<input type="checkbox"/>	Basketball (June 21-25)
<input type="checkbox"/>	Volleyball (July 12-16)
<input type="checkbox"/>	Volleyball (July 19-23)

I grant permission for my son/daughter to participate in Basketball/Volleyball classes through the Arcadia School District's Summer School program. If the above listed parent/guardian is not available, the alternate adult (listed) has permission to care for the student.

If an emergency situation should develop, I understand that the teacher/advisor will attempt to contact the parent/guardian for directives. If contact is not made, I grant the teacher/advisor to provide the necessary emergency care (transportation emergency room, etc.) and grant permission for emergency medical services to be performed. I understand that I, as parent/guardian, am responsible for the cost of services rendered.

Signature of Parent/Guardian

Date

Health Information

Please indicate any medical conditions that the teacher/advisor and chaperone should be aware of (i.e. asthma, allergies, diabetes, seizures): _____

_____ List

medications that will need to be administered during this class.

(Must comply with school medication policy)

Medication _____ Dosage _____ Time _____

Does student currently have rescue medication stored in nurse's office?

Yes ___ No ___ (i.e. inhalers, epi pens, glucagon, allergy medicine)