

Upland Unified School District

VOLUNTARY SPORTS/SCHOOL ACTIVITY WAIVER

_____ Has my permission to participate in the following voluntary school activity and/or sport(s) for the following dates:

School Activity/Sport

Date(s)

In the event of illness or injury I hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

California Education Code Section 35330 provides, in pertinent part, as follows:

"All persons making the field trip or excursion 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 field trip or excursion."

I have read and understand Education Code Section 35330. I further understand that I hold harmless the Upland Unified School District, its officers, agents, and employees, from any and all liability or claims that may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the school activity. Any violation of these rules and regulations may result in that individual being disciplined and/or sent home at his/her and/or parents'/guardians' expense.

Signature of Parent/Guardian

Date

Address

Phone Number

Signature of Student

Date of Birth

Family Medical Insurance Carrier

Policy Number

Address

A special note to Parent/Guardians: All medications must be registered on this form. All medication must be kept and distributed by the staff.

_____ Check here if there are no special medical problems of which the staff should be aware and no medications are required during the school activity.

_____ Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If so, please describe.

Special Medical Problems _____

Medications _____

No student will be permitted to participate in the school activity without this form on file.

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