

Teacher/Coach _____

REDLANDS UNIFIED SCHOOL DISTRICT
AUTHORIZATION TO CONSENT FOR TREATMENT OF MINOR

We, the undersigned parents of:

Minor:

Last Name	First Name	Birthdate

Do hereby authorize any physician on the staff of a licensed hospital or emergency clinic, or any other physician designated by him (them) as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon on the staff of a licensed hospital or emergency clinic, whether such diagnosis or emergency treatment is rendered at the office of said physician or at said hospital(s). 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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician(s) in the exercise of his (their) best judgment may deem advisable.

This authorization shall remain in effect for the _____ school year or unless sooner revoked in writing and delivered to the school principal.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Family Physician	Physician's Phone Number
Health Insurance Company	Group/Policy Number
Signature of Father or Guardian	Parent's Address & Phone Number
Signature of Mother or Guardian	Parent's Address & Phone Number

Indicate Special Information

Person to be notified in the event parents are unable to be reached:

Name	Address	Phone Number

REDLANDS UNIFIED SCHOOL DISTRICT
CONSENT TO PARTICIPATE IN ATHLETICS/SPORTS ACTIVITIES
(Participation is Voluntary)

Name of School OHS Date _____

Type of Athletic/Sport Activity Sports Team Manager

Participation in the above athletic/sport activity is voluntary and is not required as a part of the regular school program.

We hereby give our permission for our student _____, to participate in the above-described athletic/sport activity. We realize there is a possibility that a student may suffer severe injury, including permanent paralysis or death, as a result of participating in athletic or sports activities. In consideration of the permission granted, we, the undersigned, hereby release and discharge the Redlands Unified School District from all liability arising out of or in connection with the above described athletic/sport activity.

In the event of an accident (or sudden illness), the school district has our permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with an athletic team anytime a student is seen by such personnel. _____ (please initial).

Attendance and academic performance are essential for student success. This success provides the eligibility for participation in athletics. **TO ENSURE THIS, STUDENTS MUST ATTEND ALL CLASSES ON THE DAY OF THE CONTEST OR THE DAY PRIOR TO A SATURDAY EVENT. Appointments on game days must follow the attendance policy as stated in the student handbook.** _____ (please initial)

Transportation to and from most athletic contests will be provided by Redlands Unified School District. It is never permissible for students to transport other students to athletic contests. Students are expected to use this service as a representative of OHS. Any other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the trip and cleared through the Athletic Office, _____ (please initial)

IF THE STUDENT LIVES WITH BOTH PARENTS, IT IS NECESSARY FOR BOTH PARENTS TO SIGN. IF STUDENT LIVES WITH ONE PARENT, THAT PARENT MUST SIGN.

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of Student

Health Insurance/Student Accident Insurance Carrier*

*If you do not have accident insurance, the district provides forms for you to obtain insurance with Myers-Stevens Insurance Company. The forms are available at your school office.

PLEASE SIGN AND INITIAL ALL BLANK AREAS.