

**Oakdale Junior High School**  
**Athletic Medical Waiver**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Your child has requested to participate in an after school sport. In order to participate, this waiver must be signed, dated, and returned to the school office.

**Waiver:**

I understand that all sports and other recreational activities involve a certain amount of risk. I hereby give permission for my child/ward to participate in after school sport activities offered by Oakdale Jr. High School and I assume and accept all risk related by such participation. I agree that Oakdale Jr. High School shall not be liable for injuries or harm to my child/ward, or to my child/ward's property, or be subject to any claim, demand, injury or damages whatsoever arising out of my child/ward's participation in any after school sports program. I also understand that Oakdale Jr. High School cannot eliminate or prevent injuries from occurring to participants. Further, my child/ward has no medical condition which would prohibit him/her from participation in physical activities, including, but not limited to, the sports activities offered as part of the after school sports program. I hereby give permission that in the event of any illness or injury, my child/ward may be treated for such illness or injury.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Medical Information*

If your student has any special medical problems, please list and write a description of that problem on a separate sheet of paper and what school personnel need to know if a problem arises: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment 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.

Family Medical Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

Address of Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone #'s: \_\_\_\_\_

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