

**OAK GROVE SCHOOL DISTRICT  
VOLUNTARY SCHOOL ACTIVITIES PROGRAMS  
MEDICAL TREATMENT AUTHORIZATION, WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION**

**Parent(s)/Guardian(s)**, please complete and return this form to the supervising teacher/coach of the activity/sport. Participation is voluntary and is not required. **No pupil will be permitted to participate in this activity without this form on file.**

\_\_\_\_\_, a pupil  
[Pupil's Name (print)]

at \_\_\_\_\_ School, has our/my permission and consent to participate in the following:

Description of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Destination(s): \_\_\_\_\_ Various sites for team's games, meets, practices, and activities

Method of Travel: Private vehicle driven by parent volunteer, coach, or teacher Bus (school or charter)  
Public or Commercial Transportation Walking

Departure Date & Time: \_\_\_\_\_, and Return Date & Time: \_\_\_\_\_

Departure and Return Location: \_\_\_\_\_ School. (Private vehicle drivers and buses will meet and depart from school and return to the school).

By our/my signature below, we/I hereby give permission for our/my son/daughter to participate in the above-described activity. We/I realize that this activity is a voluntary program as part of the Oak Grove School District. We/I are/am aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. Some of the injuries/illnesses may be serious or permanent. Injuries that may result from participating in these activities include, but are not limited to the following:

Sprains/Strains	Paralysis	Unconsciousness	Communicable Diseases
Fractured Bones	Loss of Eyesight	Head//Back/Other Injuries	Death

For and in consideration of the opportunity for our/my child/ward to participate in the activities covered by this permission slip, we/I do hereby agree as follows:

1. We/I the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death (including attorney's fees for any such matter) occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death (including attorney's fees for any such matter) against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.
2. We/I the undersigned hereby acknowledge that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrong death (including attorney's fees for any such matter) that may arise out of or in any way be connected with the above-described activity. We/I have read and understand the foregoing and have voluntarily signed this agreement. We/I are/am aware of the potential risks involved in this activity and We/I are/am fully aware of the legal consequences of signing this instrument.
3. In the event of illness or injury, we/I consent to all routine and/or emergency medical treatments, hospital care and emergency transportation considered necessary, and/or services prescribed by the attending doctor, surgeon, dentist, or other health care provider and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending doctor at the scene and/or at the hospital or other medical facility.
4. We/I are/am solely financially responsible for any and all costs, expenses, charges, and/or debts incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending doctor for our/my child/ward, including all costs, expenses, charges, and/or debts not covered by insurance.

5. We/I are/am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements.
6. We/I fully understand that all persons participating are to abide by all rules and regulations, including but not limited to all rules governing conduct during the trip, all school and District rules, all coach's rules and all CIF or other organization's rules. Any violation of these rules and regulations may result in the individual being sent home at our/my expense, loss of participation for this or other activities, trips or excursions, and/or discipline up to and including suspension and/or expulsion.
7. We/I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.
8. If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician, a description of that medical condition and/or physical disability is attached to this Form.

**A special note to Parent/Guardian:**

1. All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medication prescribed by a doctor for your child/ward must be kept and administered by OGSD staff; with a separate doctor authorization form, student can carry certain medications such as asthma inhalers and epi-pens.
3. \_\_\_\_\_ Check here if your child/ward has a special medical condition that the OGSD should be aware of, and/or if medication will or may be required on the trip/activity concerning this condition.
4. List any medication that your child/ward must or may take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication:

Name of Medication	Dosage	Reason(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Our/my child/ward is allergic to the following medications: \_\_\_\_\_
6. Our/my child/ward is allergic to the following foods, materials, substances, etc.: \_\_\_\_\_

**We/I acknowledge that we/I have carefully read this Form and we/I understand and agree to its terms.**

Home Address: \_\_\_\_\_

Phone/Cell No(s). (where I can be reached during this activity): \_\_\_\_\_

Emergency contact if I cannot be reached \_\_\_\_\_  
Name Phone No.

\_\_\_\_\_ Pupil's Medical Insurance Carrier Policy Number

\_\_\_\_\_ Printed Name of Parent/Guardian Signature Date

\_\_\_\_\_ Printed Name of Parent/Guardian Signature Date

**Note: This form must be kept with the coach/teacher and with the driver during the entire activity, and a copy must be kept on file at the school site.**

**Oak Grove School District**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Coach/Teacher signature)

\_\_\_\_\_ (Printed Name of Coach/Teacher), Phone: (408) \_\_\_\_\_