



ATHLETIC EVENTS PERMISSION SLIP

Students are not allowed to participate in athletic events until this form is signed by a parent/guardian and is on file at the school office.

California Education Code 32221 requires that any student of any educational institution who participates in any athletic event must be insured for a minimum of \$1,500, covering the medical expenses of accidental injuries. Foresthill Union School District does NOT provide accidental medical insurance for students in after-school athletic events; however, the district offers student accident insurance through MYERS-STEVENSON for voluntary purchase at a reasonable cost. Go to myers-stevens.com for more information or to apply.

- I have purchased Myers-Stevens Accidental Injury Insurance for the student named below
- The student named below has the following insurance:

_____ Insurance Company Name

_____ Expiration Date

_____ Policy, Certificate or Group #

Permission to Participate: _____ [student name] has my permission to participate in athletic events. I understand that without my permission, my child will not be permitted to participate in athletic events.

Medical Treatment Consent in the Event of Injury / Illness: By signing below, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary for my child in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Medical Information (physician name / phone number and medical/allergy information):

Student Conduct: I understand that student participants are expected to abide by all rules and regulations governing conduct during athletic events. Any violation of these rules and regulations will be addressed in the same manner as if the violation occurred on school campus, and may result in the student being sent home at the expense of his/her parent/guardian or the volunteer chaperone being excused from the activity.

Waiver/Release: I understand that Education Code Section 35330 provides that all persons participating in an athletic event shall be deemed to have waived all claims against the Foresthill Union School District and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. By signing below, I acknowledge that as a condition of my child participating in the said activity, I waive any and all claims against the Foresthill Union School District (and its officers, employees, and agents) for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PRINTED)

PHONE NUMBER

Please submit a \$30 athletic donation with this form. Make checks payable to "FUSD."