

**VOLUNTARY EXCURSION/AFTER SCHOOL ACTIVITY WAIVER
AND MEDICAL AUTHORIZATION FOR MINOR STUDENT**

Parent/Guardian:

Please complete and submit this form to **Coach Young**.

_____ has my permission to participate in the following voluntary activity:

Destination: Warm Springs Middle School – Cheerleading Activities

Date & Time: Tryouts 4/14 & 4/15 @ WSMS, Summer Practice @ WSMS July 21-23, Overnight Summer Camp July 24-26th @ riverside convention center and T/TH practices after school @ WSMS.

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. _____ (initial)

As stated in California Education Code, Section 35330, I understand that I hold Murrieta Valley 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. _____ (initial)

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

Signature of Parent/Guardian Date

Address Phone

Signature of Student Date of Birth

Family Insurance Carrier Policy Number

Address

SPECIAL NOTE TO PARENT/GUARDIAN:

1. All drugs must be registered on this form.
2. All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the nurse.

() Check here if there are NO special problems that the staff should be aware of and NO drugs are required.

If any medication or drugs ARE to be taken by the student, list them here:

Name of drug and reason:

IF YOUR CHILD HAS A SPECIAL MEDICAL PROBLEM, PLEASE ATTACH A DESCRIPTION OF THAT PROBLEM TO THIS SHEET. (Please include signs/symptoms and preferred actions for coach to take).