BONITA UNIFIED SCHOOL DISTRICT PERMISSION TO PARTICIPATE IN SCHOOL ACTIVIT

La Verne Heights Summer Camp

Name of S	tudent (PLEASE PRINT)			Date of Birth	Grade	
Has my permission to participate in the following school activity.						
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Skate Express			Monday, July 22, 2019; 12:15pm – 4:30pm			
School Activity		Date(s)*time approximate				
In case of emergency, I give permission for any necessary treatment/medication to be administered to my child by the attending physicians/nurses/dentist/hospital/paramedics.						
California Education Code Section 35330 states, in pertinent part, as follows:						
	-	State of Califo	rnia for injury, ac		e waived all claims against th occurring during or by	
For safety purposes, the school needs to be aware of any medical situation which may affect your child while participating in this school activity.						
	Check here if there are <u>no</u> special medical problems of which the staff should be aware and no medications are required during the school activity.					
	Check here if there <u>are</u> special medical problems of which the staff should be aware and/or medications that are required during the school activity. If medications are required, you must sign and attached the "Authorization for Medication" form obtained from the School Health Office and describe the medical problem:					
(If swimming, please indicate your child's ability)						
I have read and understand Education Code Section 35330 as quoted above.						
I fully understand that my child is to abide by all rules and regulations governing conduct during the school activity. Any violation of these rules and regulations may result in my child being disciplined and/or sent home at his/her and/or parents'/guardians expense.						
Signature	of Parent/Guardian	Date	Address		Phone #	
Family Me	edical Insurance Carrier		Policy/Group No.		Phone#	

NO STUDENT WILL BE PERMITTED TO PARTICIPATE IN THE SCHOOL ACTIVITY WITHOUT THIS FORM SUBMITTED PRIOR TO THE ACTIVITY