

The Patwin Elementary Running Club

Permission Slip and Release Form

I have read the Running Club program description and my initials and signature below indicate that I give permission for my child (Child's name) _____ to participate in the Patwin Elementary Running Club program at the dates and times indicated.
_____ (Parent/Guardian Initials)

I understand it is my responsibility to provide transportation for my child for this program. My child will leave school by: (Parent/Guardian initials)

Walking _____ Biking _____ Car _____ CDC _____

I, as parent/guardian, understand that by permitting my child to participate in this club, I have waived all claim against the organizers and the Davis Joint Unified School District and its employees for injury, accident, illness or death occurring during or by reason of participation in this activity.

Parent/Guardian Signature

Date

Print Name

Child's Grade & Teacher's Name

Phone where you can be reached after school

The Patwin Elementary Running Club
Parent/Guardian Emergency Procedure/Insurance Verification

FOR SCHOOL YEAR 2008/2009
(NOTIFY CLUB ORGANIZERS OF ANY CHANGES)

(I)(We), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize the PATWIN RUNNING CLUB, representative as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of the academic year.

Father or
Guardian: _____ Date: _____
Mother or
Guardian: _____ Date: _____

Home Phone _____ Business Phone: _____

Alternate Emergency Phone#: _____

Allergic Reactions: _____

Medical/Accident Insurance Company: _____

Insurance Policy/Group No.: _____

Family Physician: _____ Phone: _____

Special Instructions: _____

Parent/Guardian Signature

Date

It is the responsibility of the parent or guardian to update this information. Please notify the club organizers of any changes.