

Justin-Siena High School

2010-2011 STUDENT LIFE PERMISSION SLIP

Activity Name: _____ Activity Date(s): _____

Student Name: _____ Student ID#: _____ Grade: _____

Student Cell Phone: _____ Student E-mail Address: _____

Parent Name: _____ Parent E-mail Address: _____

Emergency Contact Name: _____ Contact Phone #: _____

Insurance Company: _____ Med. ID#: _____

List all medications presently being taken (if none exist – write in **NONE**): _____

List any allergies (if none exist – write in **NONE**): _____

1. We/I, the undersigned, parents of _____, a minor, do hereby authorize Justin-Siena High School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which aforementioned physician in the exercise of his/her best judgment may deem necessary.
2. We/I hereby authorize any hospital which as provided treatment to the above named pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my)(our) above named agents(s) upon the completion of treatment. This authorization given pursuant to Section 1283 of the Health and Safety Code of California. These authorizations shall remain effective until the END OF THE CURRENT SCHOOL YEAR, unless sooner revoked in writing and delivered to said agent(s).
3. I agree to save and hold harmless and indemnify Justin-Siena High School from all liability, loss, cost, claim, lawsuit, or damage, whatsoever, including injury, death, or property damage, which may be imposed upon Justin-Siena High School because of any defect in or lack of such capacity to so act or caused, or alleged to be caused, in whole, or in part, by the negligence of the released parties. Moreover, the undersigned understands that Justin-Siena High School does not carry insurance to cover any possible losses the undersigned's child may incur as a result of his or her voluntary participation in the athletic event. The undersigned is encouraged to have his or her child undergo a medical physical exam and purchase health insurance prior to any and all participation. The undersigned agrees to indemnify Justin-Siena High School for any medical bills paid on behalf of his or her child, and will hold harmless, defend, and indemnify Justin-Siena High School against any claim by a medical care provider, or coverage provider, for the cost of care provided to his or her child.
4. I understand that Justin-Siena High School faculty and staff can only supervise activity participants when they travel directly to and from activities in school vehicles. The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her child's voluntary participation in Justin-Siena School Activities including, but not limited to, the risk involved with the transportation to and from each event, practice, game, etc, the negligent and/or willful and wanton acts of others, the criminal and/or intentional acts of others, the omission of an act of another, including other drivers on the road, a defect or condition of the road, bus, car, van, etc., or the unavailability of emergency care. The undersigned does not assume the risks of injuries caused by the gross negligence, or willful and wanton misconduct of any employees or agents of Justin-Siena High School.
5. The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.
6. The undersigned agrees to indemnify and defend Justin-Siena High School and all of its directors, trustees, officers, employees, servants, volunteers, and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the indemnitee or any others, injury or death that may result to the undersigned, the undersigned's child, or anyone else.
7. **Behavioral Expectations:**
 - **Students:** I agree that the chaperones have the right at their discretion to enforce the established rules of conduct, and I am willing to abide by them at all times. If I fail to meet or maintain these standards (or if the chaperones consider my actions or conduct detrimental to the interest, harmony, comfort or welfare of the trip/activity as a whole), my participation will be terminated.
 - **Parents/Guardians:** I understand that if it is deemed necessary to transport the student back to the Justin-Siena area by the aforementioned agent(s) that I the parent/guardian will bear the cost of this transportation.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT AND REALIZES IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY. MOREOVER, THE UNDERSIGNED UNDERSTANDS THAT HIS OR HER CHILD'S PARTICIPATION IN THE SCHOOL ACTIVITY IS VOLUNTARY.

Parent/Legal Guardian Printed Name

Signature

Date

Student Printed Name

Student Signature

Date