Rocklin High School - Aerobic Walking / Cardio Fitness

OFF-CAMPUS PERMISSION SLIP

My child ________________ has my permission to participate on all off-campus walks during class.
My child is covered by:

Insurance plan __________________________________________ Insurance plan # ____________________________

Family physician ______________________________________ Phone # ____________________________

Parents'/guardians' names __________________________ Phone #s ______________________________

Mother's work # __________________________ Father's work # ______________________________

In case of an emergency when the parents cannot be reached, please contact:

________________________________________ Phone # ____________________________

In case of an accident or another emergency if a parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I further authorize the physician named above to undertake such care and treatment of my child as he/she considers necessary. I authorize medical and/or hospital care and treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear all cost incurred as a result of the foregoing.

________________________________________

Parent/guardian signature date

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