

Rocklin High School

Aerobic Fitness/Conditioning

OFF CAMPUS PERMISSION SLIP

My son/daughter _____ has my permission to participate in all of the walking routes/ off campus fitness training activities as discussed in class.

My son/daughter is covered by:

Insurance plan _____ Insurance plan # _____

Family physician _____ Phone # _____

Parents'/ guardians' name _____ Phone # _____

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