

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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