

BERKELEY UNIFIED SCHOOLS
PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN
EXTRACURRICULAR/ATHLETIC ACTIVITY
MEDICAL TREATMENT AUTHORIZATION

To the Principal of: _____ (School)

_____ has my permission to participate in
(Student Name: please print)

_____ during the _____
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print): _____

I understand that the extracurricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury to student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ Student has no special health needs the staff should be aware of, and no medication is required during this class/activity.

_____ Student has a special need, and instructions are attached. Number of attached pages: _____.

_____ Other: _____

Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an **emergency**, please contact:

_____	_____	Work: () _____
(Name)	(Relationship)	Home: () _____
		Cell: () _____

_____	_____	_____
Signature of Parent/Guardian	Please Print Name	Date

_____	_____	_____
Signature of Student	Please Print Name	Date