Butte Schools Self-Funded Programs

ACKNOWLEDGMENT & ASSUMPTION OF POTENTIAL RISK
CONSENT TO TRANSPORT AND TREAT
Voluntary Sports Event/Activity

Grades 8 and Below

THIS FORM MAY NOT BE ALTERED IN ANY WAY

Permission for Voluntary Participation

________________________________has my permission to participate in the activities listed below (check ALL that may apply):

☐ Football ☐ Volleyball ☐ Cross Country ☐ Tennis ☐ Swimming ☐ Cheerleading ☐ ______________________

☐ Basketball ☐ Wrestling ☐ Soccer ☐ Baseball ☐ Softball ☐ Track & Field ☐ ______________________

I understand the following:

1. Participation in these activities is voluntary and is NOT required;
2. I may revoke this permission at any time by notifying the school district in writing; and
3. Revocation is not effective until receipt is acknowledged by the school district.
4. The above sports and/or activities, by their very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:
   a. Sprains/strains
   b. Fractured bones
   c. Cuts/abrasions
   d. Unconsciousness
   e. Paralysis
   f. Disfigurement
   g. Head injuries
   h. Loss of eyesight
   i. Death

Consent to Transport

In accordance with California Education Code Section 35350, my signature below gives permission to transport (if applicable).

Consent to Treat

In the event of illness or injury, I hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians and/or dentist and performed by or under the supervision of a member of the medical staff of the hospital, facility or office furnishing medical and/or dental services.

Initial all appropriate boxes below and provide additional information where necessary.

_______ There are no special problems that the staff should be aware of and no medications are scheduled to be administered.

_______ The following medication(s) is/are to be administered during this activity: ___________________________. A physician's written instructions on dispensing must be attached to this form. All prescriptions, excepting those which must be kept on the student's person for emergency use, must kept and distributed by the staff.

_______ My student has allergies, a special medical problem, or other participating-limiting factors, of which staff should be made aware: ____.

_______ No blood transfusions or blood products are to be given.

Insurance and Contact Information

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-888-747-1222.

Student's Primary Health Insurance Carrier: ____ Policy Number: ______________________

Student's Primary Physician: ____________________________________ Physician's Phone Number: ________________________________

I fully understand that my student is to abide by all rules and regulations of conduct during this activity. Any violation of these rules and regulations may result in the school contacting me to arrange transportation home for my student at my full expense. I agree to hold the ______________________________________ School District, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by my son/daughter in the above named activity.

Parent phone: ___________________________________ Alternative Contact Name and Phone: _____________________________________

Parent address: ____ ____

Signature of Parent/ Legal Guardian (or Student, if over age 18) *Date*