

Del Oro Parents Club Safe & Sober Grad Nite - Disneyland

PARENT/GUARDIAN APPROVAL & STUDENT MEDICAL FORM

(Student Name) _____ has my permission to participate.

Medical Treatment/Emergencies - In the event that I, or another parent/guardian cannot be reached in an emergency, I give the Del Oro Parents Club Safe & Del Oro Safe and Sober Grad Nite Committee or their contractors, agents, employees or volunteers, and staff the authority to obtain immediate medical attention for Participant, regardless of age. I do hereby consent to all x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care deemed necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

INSURANCE PROVIDER

MEDICAL#/POLICY#/GROUP#

DENTAL PROVIDER

DENTAL#/POLICY#/GROUP#

I (we) hereby advise that the above-named minor has had the following **allergies, medicine or food reactions or unusual physical condition**, which should be made known to a treating physician or which could limit participation.

I understand and acknowledge that neither Placer Union High School District, Del Oro High School, Del Oro Parents Club, nor the Del Oro Parents Club Safe and Del Oro Safe and Sober Grad Nite Committee or their contractors, agents, employees or volunteers insure Participant's or any other party's behavior, actions or participation in the Grad Nite excursion and that none of the above assume any liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of the transportation to or from Disneyland or participation in the Grad Nite excursion. Participant and Parent/Legal Guardian expressly waives any claim of personal injury or property damage arising out of the transportation provided to or from Disneyland or participation in the Grad Nite excursion.

Parent/Legal Guardian Name

Address - City - State - Zip

Phone Number(s) - please include cell, home, and work # if relevant.

****Please note: these listed phone numbers are the numbers we will call with any concerns or emergencies**

PARENT/GUARDIAN SIGNATURE acknowledging agreement will all above statement