Del Oro Parents Club Safe & Sober Grad Nite - Golfland Sunsplash 2024 PARENT/GUARDIAN APPROVAL & STUDENT MEDICAL FORM

(Student Name)	has my permission to participate.
reached in an emergency, I give the De Nite Committee or their contractors, age obtain immediate medical attention for I x-ray, examination, anesthetic, medical, care deemed necessary in the best judge.	the event that I, or another parent/guardian cannot be I Oro Parents Club Safe & Del Oro Safe and Sober Gradents, employees or volunteers, and staff the authority to Participant, regardless of age. I do hereby consent to all surgical, or dental diagnosis or treatment and hospital gment of the attending physician, surgeon or dentist and of the medical staff of the hospital or facility furnishing
INSURANCE PROVIDER	MEDICAL#/POLICY#/GROUP#
DENTAL PROVIDER	DENTAL#/POLICY#/GROUP#
	ned minor has had the following allergies , medicine ical condition , which should be made known to a 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 event 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 event. Participant and Parent/Legal Guardian expressly waives any claim of personal injury or property damage arising from participation in the Grad Nite event.

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