



FULLERTON  
SCHOOL  
DISTRICT

Great Schools  
Successful Kids

**PARENT'S OR GUARDIAN'S  
MEDICAL TREATMENT AUTHORIZATION FORM  
FOR STUDENT EXTRACURRICULAR/ATHLETIC ACTIVITY  
PARTICIPATION**

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: \_\_\_\_\_

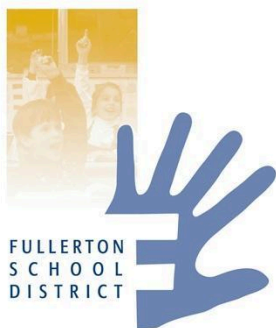
Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Blue Cross)

In the event of an emergency, please contact:

\_\_\_\_\_  
(Name) (Relationship) Work: ( ) \_\_\_\_\_  
Home: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian** **Please Print Name** **Date**

\_\_\_\_\_  
**Signature of Student** **Please Print Name** **Date**



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**PARENT'S OR GUARDIAN'S  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY  
FOR STUDENT EXTRACURRICULAR/ATHLETIC ACTIVITY  
PARTICIPATION**

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): \_\_\_\_\_

This is a Release of Liability and Assumption of Risk Agreement (hereinafter "Release"). Read it carefully before signing below. Completing this Release by the student's Parent/Guardian or student (if over the age of 18) is a prerequisite to the student participating in the Fullerton School District activity/activities identified above. (hereinafter collectively referred to as "Activity").

By signing this agreement, if the student is hurt, injured, or even dies, the student, parent/s, guardian/s, heir/s will not make a claim against or sue the Fullerton School District, its agents, representatives, trustees, officers, affiliates, subsidiaries, divisions, administrators, directors, employees, independent contractors, and volunteers (collectively referred to herein as the "District"), and release them from liability, even in the event of any District act or omission, including negligence.

**Assumption of Risk:** I/We, the undersigned, understand and acknowledge that the above-named student has voluntarily chosen to participate in the Activity at his/her own risk and fully understand that the Activity may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents occur and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the Activity involves physical contact or not, any activity may have inherent risks of injury, which are inseparable from the activity. I/We, the undersigned, acknowledge and willingly assume all risks and hazards of potential injury, paralysis, and death in the Activity, including during any transportation to or from the Activity.

Further, I/We understand and acknowledge that the Activity contains potential risks of harm or injury. Injuries might arise from a student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by District employees, agents, or volunteers to adequately transport, manage, coach, train, instruct, or supervise the Activity. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries. All such risks are deemed to be inherent to your participation in the Activity.

**Release/Waiver of Liability:** To the fullest extent permitted by law, in consideration for the District allowing student to participate in the Activity, I/We voluntarily agree to release, waive, discharge, and hold harmless the District from any and all claims of liability arising out of their negligence, or any other act or omission which causes student illness, injury, death or damages of any nature in any way connected with student participation in the Activity. I/We also expressly agree to release and discharge the District, its trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any emergency or medical services. Further, it is acknowledged that the Activity may include a field trip or excursion and that under Education Code §35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. If I am an adult taking a field trip or excursion, I waive all such claims.

**Indemnification:** To the fullest extent permitted by law, I/We agree to immediately defend, indemnify, and hold District harmless from and against all claims, demands, causes of action, suits, damages, costs, losses, expenses, injuries, losses, damages, and liabilities of every kind and nature as a result of, arising out of, associated with, or resulting directly or indirectly from student participation in the Activity, travel to and from the Activity and any and all related activities, on or off of District premises. This indemnification includes, but is not limited to, all amounts incurred by the District for defending any such all claims, suits, damages, costs, losses and expenses, including all attorney's fees and costs incurred. The indemnity shall apply regardless of any active and/or passive negligent act or omission of the District.

**Insurance:**I/We acknowledge that the District may not provide any insurance, including liability, property, workers' compensation, or medical coverage for any death, bodily injury, personal injury, illness, or any loss to property sustained during my participation in this Activity.

**Video/Photo Release:** During the Activity, photographs may be taken, and videos may be produced and used for future publicity and social media content. I/We give permission for images of student captured during the above-described activity, including but not limited to images captured by video, photo, and digital camera, including in promotional materials and publications and agree to waive any rights of compensation or ownership to it.

**Authorization and Consent to Medical Treatment:** By my signature below, I/We certify that the student is medically fit to participate in the Activity or can participate with reasonable accommodation. If a student is injured at any time during my participation in the Activity, I/We hereby authorize and consent for the District to administer general first aid treatment for any minor injuries or illnesses student may experience. If the injury or illness is life-threatening or in need of emergency treatment, I/We authorize the District to summon any and all professional emergency personnel to attend, transport, and treat student, and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional, Paramedic, EMT or institution duly licensed or certified to practice in the state or country in which such treatment is rendered. I/We understand that this authorization and consent is given in advance of any specific diagnosis, treatment, or hospital care that may become required but is given to provide authority and power to the District to render care in the best judgment of the District upon the advice of any such medical, dental, or emergency personnel. I understand that reasonable efforts shall be made to obtain student consent before rendering treatment, but that treatment will not be withheld if the student is incapacitated or otherwise unable to provide consent. I/We acknowledge and understand that the District may not provide medical or dental insurance coverage for student in connection with student participation in the Activity. I/We agree to assume all responsibility for payment for any treatment I may receive.

**Termination of Participation:** I/We agree to comply with all safety-related rules, regulations, guidelines, training, and instructions pertaining to the Activity and that student will not engage in any inappropriate or unsafe conduct. I understand that, in its sole discretion, the District may terminate student's participation in the

Activity at any time, including during the Activity. Reasons for termination may include but are not limited to: inappropriate conduct or other deemed detrimental to the best interests of the Activity, or health or safety considerations.

As the parent or legal guardian of a student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in the Activity, and I sign this release on his/her behalf. I understand and acknowledge that participation in the Activity is completely voluntary and not required by the District for course credit or for completion of graduation requirements. In signing this document, I fully recognize and understand that if student is hurt, dies, or his/her property is damaged, I am giving up all my rights and the rights of the student, spouse, children, parents, siblings, heirs, and other related persons to make a claim or file a lawsuit against the District, its trustees, officers, employees, volunteers, and agents.

**By signing below, I/we acknowledge that I/we: (1) have read this document and understand that I/we give up substantial actual or potential rights to allow the student named above to participate in the school-related activity/ies and any associated field trip or excursions; (2) have voluntarily signed as evidence of acceptance of this Agreement without any inducement or assurance of any nature, with full appreciation of all the risks inherent in any school-related activity/ies; (3) have no questions regarding the scope or intent of this Agreement and I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement. This is a release of all claims.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Please Print Name** **Date**

\_\_\_\_\_  
**Signature of Student/Participant**

\_\_\_\_\_  
**Please Print Name** **Date**