(GRADE LEVEL)	(Group) - Office Use Only

GLENDALE UNIFIED SCHOOL DISTRICT

Parent Permission Form

New York Gateway Music Festival

hereby request that my son/daughter (print name)
understand that under Section 35330 of the California Education Code, all persons participating in the activity shall be deemed to have waived all claims against Glendale Unified School District or the State of California for injury, accident llness or death occurring during this activity.
Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the School District personnel permission to use their judgment in obtaining medical service for my child, and I give permission to to physician selected by the School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that neither the School District nor those directing the event have insurance covering such medical treatment shall be my sole responsibility.
In case of emergency during the activity, a family member or I can be reached during the above hours at:
Phone:
Address:
Alternate Phone (if available):
Signed (parent/guardian):
THIS SIGNATURE AUTHORIZES BOTH PERMISSION IN SAID EVENT AS WELL AS PERMISSION TO SEEK MEDICAL TREATMENT SHOULD THE NEED ARISE. NAME OF MEDICATION:
SPECIAL MEDICAL CONDITION (explain):
INSURANCE COMPANY & NUMBER Please attach a photocopy of your child's insurance card to this permission slip.
do / do not authorize the dispensing of over the counter medication such as Advil, Dramamine, Tylenol, ect.
Except the following medication: