

# The Grove School

200 Nevada Street, Redlands, CA 92373

Phone (909) 798-7831 Fax (909) 307-6464

## PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITY

Student Name \_\_\_\_\_

Has permission to participate in the following grove school sports activity: \_\_\_\_\_

If this activity requires transportation, I give permission for the school to arrange such transportation for the student to and from his/her activity. By signing this permission/authorization, and in accordance with chapter 1524, section 25.8 of the civil code of California, I/we give authorization to any physician or surgeon licensed under the provision of medical practice act, for the student to receive medical care and/or emergency treatment when necessary. Any expenditure for the care is the responsibility of the parents.

Please print name of parent/guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Contact phone number: ( ) \_\_\_\_\_

( ) \_\_\_\_\_

Parent/Guardian contact phone number: ( ) \_\_\_\_\_

( ) \_\_\_\_\_

Alternate Emergency contact: Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_