

THE ISLA VISTA REC. & PARK DISTRICT

961 Embarcadero Del Mar, Isla Vista

805/968-2017

Participation Permission/Medical Authorization 2010

My son/daughter (name) _____ has my permission to participate with his/her coach in races and field events at the Hershey Games at Dos Pueblos High School on Sunday, May 16, 2010.

In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the IVRPD to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I authorize a licensed physician or surgeon to undertake such care and treatment of my child as he/she considers necessary.

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

My child has the following medical conditions/health concerns:

Bee sting reaction: () unknown () swelling () difficulty breathing

My child is currently taking the following medications: _____

Physician's Name _____ Phone # _____

Parent/Guardian Signature

Date

Address

Home Phone

Work Phone