

MCJROTC

Redondo Union High School, Redondo Beach, CA 90277
PARENTAL PERMISSION AUTHORIZATION FORM

Participant Name: _____ **Birth Date:** _____

I give permission for my child to participate in the Redondo Union High School, Marine Corps Junior Reserve Officers' Training Corps program for the 2017 - 2018 school year.

Medical Release

I hereby request and authorize the MCJROTC of RUHS, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

I further declare that my child is covered by accident insurance and will be covered by accident insurance during the 2016-2017 school year. I understand that I am responsible for all financial cost of such treatment.

Custody Release

I further authorize the Senior Marine Instructor and/or Marine Instructor of MCJROTC, Redondo Union High School to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

General Health: Allergies _____ Asthma _____ Seizures _____
Diabetes _____ Surgery _____
Other Medical Considerations _____

STATE LAW REQUIRES THAT PARENTS OR LEGAL GUARDIANS OF ANY PUBLIC SCHOOL PUPIL SHALL INFORM THE SCHOOL OF ANY CONTINUING MEDICATION BEING TAKEN BY THE PUPIL.

Name of Medication: _____
Dose and when used: _____
Condition medication is used for: _____
Physicians Name: _____ Phone: _____

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

Emergency Contact: _____ **Phone:** _____

Parent Home Phone #: _____ **Cell#:** _____
