



**PARENT PERMISSION FORM**

**Event:** Cesar E Chavez Parade 2019

**Date:** Saturday 13 April 2019

**Start Time:** 0900-1200

**Location:** Dolores Park- 19<sup>th</sup> Street/ Guerrero Street (Start point)

**Transportation:** Not provided by school (Parent drop off at Dolores Park)

**Uniform:** Class B with tie

**Cost:** None

**Additional Information:** Parade will end @ 24<sup>th</sup> Street Fair- between Folsom St & Bryant St

**RETURN PERMISSION SLIP BY: 10 April 2019**

(Retain top portion for your information)

(Return lower half to your Operations Team)

I hereby consent to (PRINT STUDENT NAME) \_\_\_\_\_,

*Rank \_\_\_\_\_ Grade \_\_\_\_\_ Company \_\_\_\_\_ to participate in the Cesar E Chavez Parade 2019*

I agree to direct my child as named above to cooperate and conform with directions and instructions of the Supervisory personnel in charge of the activity and, in the event that disciplinary action is necessary, I will abide by the school's decision in resolving the matter. Furthermore, should it be necessary for my child to have medical treatment while participating in this activity, I hereby give OMI personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by OMI personnel to render medical treatment deemed necessary and appropriate by the physician.

Education Code 35330: "All persons making the trip or excursion shall be deemed to have waived all claims against the Oakland Military Institute, or the State of California for injury, accident, illness, or death occurring during or by reason of the trip or excursion." Therefore, a parent/guardian for himself/herself and for his/her child/ren by signature herein below waives any and all claims against the Oakland Military Institute for injury, accident, illness, or death occurring during or by reason of the trip or excursion.

**A special note to parents/guardians: A physician's written authorization is required for all medications. A "Request for Medication to be Taken During School Hours" must be completed and all medications (except those which must be kept on the cadet's person for emergency use) must be kept and distributed by staff.**

I further agree that in the event my child is injured or becomes ill during his/her participation during the period cited above and requires hospitalization, only emergency treatment will be provided at the expense of the Institute. Any further treatment or extended hospitalization will be held against the hospital or medical insurance plan held by my spouse or me; if no medical plan is available, I or my spouse will be responsible for any expense incurred.

\_\_\_\_\_  
 PARENT/GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 MEDICAL INSURANCE NAME/POLICY NUMBER

\_\_\_\_\_  
 ADDRESS:

CITY

STATE

ZIP

HOME PHONE/WORK PHONE

\_\_\_\_\_  
 CELL PHONE

EMERGENCY POC: NAME

TELEPHONE

