

**Riverside County Friday Night Live  
May 17, 2014 Hurricane Harbor  
Student Permission Slip**

Student Name: (Last):	(First):	(Middle Initial):	Date(s) Attending Event: <b>Saturday, May 17, 2014</b>
Home or Mailing Address: (No. & Street):	(City):	(Zip Code):	Student's Home Telephone: ( )
Date of Birth:	Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Father/Male Guardian Name	Home Telephone (If Different from Student)		Business Telephone ( )
Mother/Female Guardian Name	Home Telephone (If Different from Student)		Business Telephone ( )
Student's Advisor Attending Event			Student's School

**Person(s) to contact in case of an emergency or if parents/legal guardian cannot be reached.**

Name:	Home Telephone: ( )
Relation to Student Attending Event	Business Telephone: ( )
Name:	Home Telephone: ( )
Relation to Student Attending Event	Business Telephone: ( )

Name of Family Physician:	Physician's Telephone: ( )
Family Medical Insurance Carrier:	Group #: LD.#

**HEALTH PROFILE**

No one is allowed to administer medication to any minor without authorization of the parent or legal guardian. For your student to receive any medication or vitamins please complete the following and sign the Consent Form. **Any medication sent must be turned into staff at bus check-in.** The medication(s) must be in the original Pharmacy prescribed container(s), labeled with student's name and Physicians with instruction of dosage. All information will be kept confidential.

**PART I - Non-Prescription Medications (Over the counter medications)**

1. Name of medication(s) \_\_\_\_\_
2. Reason for which medication(s) is/are to be given \_\_\_\_\_
3. Dosage, schedule, and method of administration \_\_\_\_\_
4. In the event of a minor illness (i.e., cold, headache, etc.), do you authorize the conference staff to give your student over the counter remedies (i.e., Tylenol, cough medicine, etc.) in dosages appropriate to your students need and age category?    e Yes    e No  
(Please check one box.)
5. Date of student's last Tetanus Shot \_\_\_\_\_
6. Describe any physical/medical conditions or restrictions, i.e., requiring frequent rest periods, restricted rigorous activity, seizures, epilepsy, asthma, dietary allergies, etc.

**PART II - Prescription Medications**

If you wish your student to receive prescription medication(s) while at the conference, event, etc., it is necessary to obtain a signed release form from your child's/ student's Physician and attach it to this form. Please ask the physician to provide the following information. (1) Name of Medication(s), (2) Reason for which medication(s) is/are to be given, (3) Dosage, schedule, and method of administration, (4) Possible reactions that need to be reported to the physician and (5) All special instructions.

**\*PLEASE TURN OVER AND FILL-OUT ADDITIONAL INFORMATION\***

**Please Print Name Clearly - Signature is required.**

Student Name: (Last):	(First):	(Middle Initial):	Date(s) Attending Event: Saturday, May 17, 2014
-----------------------	----------	-------------------	--

As a participant, I agree to the following:

1. Attend and complete the entire event. I will participate and be on time for all scheduled activities planned.
2. I will use the transportation provided to and from the event.
3. I am responsible for my own actions and will conduct myself in a mature and appropriate manner at all times, during my attendance at the scheduled event at hand.
4. I understand and agree to no sexual contact or activity.
5. I will abstain from alcohol, tobacco, and other drug use during my attendance at the scheduled event at hand. My parent(s)/legal guardian(s) will be notified to remove me from the event, should any of the above substances be found in my possession.
6. Vandalism/Graffiti. It is expected that everyone will respect the property and equipment of others at the Event. I understand my involvement in any activity of vandalism and/or graffiti will require that I will be financially responsible for damages and will be removed from the event immediately.
7. Emergency Medical Release Forms: Participation is possible only when all forms have been signed and returned to my student's Advisor who will forward them to the Friday Night Live Office.

**Friday Night Live Mission Statement**

**Friday Night Live builds partnerships for positive and healthy youth development, which engage youth as active leaders and resources in their communities**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FORM**

I, the undersigned parent/legal guardian of the above named student, a minor, give my child/student permission to participate in **Saturday, May 17 2014 Hurricane Harbor** Event. In the event of illness or injury, I do hereby authorize and consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis of treatment and hospital care being considered necessary in the judgement of the attending physician, surgeon, or dentist and permitted by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the participant but none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the civil code of California.

I request that medication(s) be administered to my student in accordance with my instruction on the registration form and/or the physician's written instructions by a member of the staff, if the Health Services Technician/Nurse is not readily available. I will notify the Advisors immediately if there is any change in the instructions for the administration of medication(s). It is understood that the staff is not legally obligated to administer medication(s) to my child/student, and; therefore; I agree to hold the staff and all affiliated agencies free from any and all responsibility for the results of such medication(s) or the manner of administration and to indemnify each of them against loss by reason of any civil judgement arising out of these arrangements which may be rendered against them.

IF NO MEDICAL TREATMENT IS DESIRED FOR YOUR STUDENT, PLEASE CHECK THE BOX "NO" AND PROVIDE INSTRUCTIONS. e NO

As stated in California Education Code Section 35330, I understand that I hold Riverside County Friday Night Live Programs, Department of Education and all county agencies, its officers, agents, employees, and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's/student's participation at the scheduled event at hand. I fully understand that participants are to abide by all rules and regulations governing conduct during transportation and at the event. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent(s)/legal guardian(s).

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant's Agreement and Consent Form must be signed and returned before participant will be allowed to board the bus/car.**

**BOARD OF SUPERVISORS**

DISTRICT 1  
KEVIN JEFFRIES

DISTRICT 2  
JOHN TAVAGLION

DISTRICT 3  
JEFF STONE

DISTRICT 4  
JOHN J. BENOIT

DISTRICT 5  
MARION ASHLEY

Rev: 3/10/2014