



EVENT PERMISSION FORM

I hereby consent to (**PRINT STUDENT NAME**) _____,

Grade _____ Company _____ to participate in the following activity:

Event: Various Color Guard and Drill Team Events throughout the 2014-2015 school year

Leave time and date: various

Return time and date: various

Transportation is by: Chartered bus and/or school van

Food Arrangements: Varies

Uniform: Class A or B Uniform (best uniform you have). Be sure it is complete, proper, and sharp looking. BE sure your hair meets standards.

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 NVMI personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by NVMI 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 North Valley 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 North Valley Military Institute for injury, accident, illness, or death occurring during or by reason of the trip or excursion. This field trip is voluntary and attendance by your child is not mandatory.

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

ALT PHONE