**Hacienda La Puente Unified School District**

**Executive Director of Elementary Schools**

15959 East Gale Avenue 🞄 P.O. Box 60002 🞄 City Of Industry, California 91716-0002

Voice (626) 933-3815 🞄 FAX: (626) 933-3812

*Jan Castle*

**Mesa Robles Science Olympiad Invitational Tournament**

**January 30, 2016 - 7:00 AM- 7:00 PM**

My Son/Daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the Mesa Robles Division B Invitational Science Olympiad Tournament at Mesa Robles School.

In the event of illness or accident, I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital service that may be rendered to my son/daughter under practice in the state of California. This consent is given in advance of any specified diagnosis or treatment being required and is given in order that said health care professional may have the opportunity to exercise his or her best professional judgment as to any action that may be necessary or required to protect the life and health of my son/daughter.

I hereby agree to hold harmless the Hacienda La Puente Unified School District and Mesa Robles School, MRSO Science Boosters Inc., Science Olympiad, and/or their agents, officers, employees, members and volunteers with respect to any and all damages or expenses that may be incurred, suffered, or required to be paid by reason of this activity.

I have given the telephone number to where I can be reached both day and evening, during these date(s) should it be necessary to contact me in the event of an emergency.

Full name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is what adult leaders or health professionals need to know about my child in case of an emergency. (Please list all medical conditions, allergies, medications, and other important information below.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_