

CORONA-NORCO UNIFIED SCHOOL DISTRICT

2820 Clark Avenue

Norco, CA 92860

**VOLUNTARY PARTICIPATION NOTICE AND
MEDICAL AUTHORIZATION - MINOR**

Dear Parent/Guardian:

Kindly complete and return this form to Dr. Richard Mora
(Teacher's Name)

_____ has my permission to participate in the following **voluntary activity**:
(Student Name)

Event/Destination: NHS Band Camp (Norco High School), 2065 Temescal Ave. Norco CA, 92860

Date & Time: July 24th - August 4th 2023 from 7:30 A.M. -5:00 P.M. Lunch/Dinner is held at times given by the coach and students are expected to remain on campus unless released to parent or guardian.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Corona Norco Unified School District its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the event. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier

Policy No.

Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) () Check here if there are special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) _____ If your son or daughter has a special medical problem, kindly attach a description of that issue to this sheet.