

**PALO ALTO UNIFIED SCHOOL DISTRICT**  
**Parent / Guardian Permission, Waiver and Medical Authorization (minor)**

*For the Palo Alto Public Speaking and Debate Camp Sponsored by Palo Alto Senior High School*

**Located at:** \_\_\_\_\_

**Date (Indicate Week):** \_\_\_\_\_

**Circle session:** Morning Session (9:00-12:00 AM)  
Afternoon Session (1:00-4:00 PM)  
Both Sessions (9:00AM -4:00PM)

**Purpose of event:** \_\_\_\_\_

**Person(s) in charge:** \_\_\_\_\_

**Transportation Carrier(s) / arrangements:** \_\_\_\_\_

\_\_\_\_\_ **has my permission to attend the above event.**

Student's Name

**Health Needs: Parent / Guardian to *INITIAL* as appropriate**

\_\_\_\_\_ In the event I cannot be reached, I authorize the person(s) in charge to obtain the necessary medical aid  
(initial) from a licensed physician at my own expense, understanding that certain expenses may be covered by the School  
District's Student Accident coverage.  YES  NO

\_\_\_\_\_ My student will have to take the following medication(s): \_\_\_\_\_  
(initial) The person authorized to give the medication(s) and medical / physician authorization for school personnel to  
administer medication is on file. Medical / physician authorization is required before a student may take any  
medication, including non-prescription drugs.

**OR**

\_\_\_\_\_ My student has no special health needs the staff should know of and no medication is required at the event.  
(initial)

I fully understand that participants are to abide by all rules and regulation governing conduct during the event.

I agree that any cost for medical care for my student for illness or accident is my own responsibility.

I authorize the School District to bill me, upon the return of my student from the event, for reimbursement of any expenses for medical care for my student that are paid for by the School District during the event.

As stated in California Education Code Section 35330, I understand that I hold the Palo Alto 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 student's participation in this activity.

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone: (Home) (Work) (Cell)

*Please circle the number we can reach you at during the day and time of the program.*