ORANGE COUNTY Friday Night live PARTNERSHIP

Youth & Adult PARTICIPANT'S CONSENT

VOLUNTARY EXCURSION/FIELD TRIP NOTICE & MEDICAL TREATMENT AUTHORIZATION

FOR THE FOLLOWING ORANGE COUNTY FRIDAY NIGHT LIVE PARTNERSHIP EVENT

PARTICIPANT'S FIRST & LAST NAME *(Print clearly in dark ink)*	CHAPTER SITE

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 officers, agents, and employees of the Orange County Department of Education, my child's school and district, the County of Orange Health Care Agency, and all affiliated agencies harmless from any and all liability or claims, which may arise out of or in connection with participation in this activity.

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

Involvement in Friday Night Live programs also includes participation in any program evaluation activities (including surveys, interviews, and focus groups) that are part of Orange County Friday Night Live Partnership's (OCFNLP) ongoing effort to create meaningful opportunities for youth participants to provide feedback and recommendations which guide program decision-making and planning.

The OCFNLP programs (Friday Night Live/Club Live/Friday Night Live Kids) appreciates your support.

YOUTH APPROVAL: ***As Parent/Guardian of the above named youth, I give my permission for him/her to participate in the Orange County Friday Night Live Partnership (OCFNLP) voluntary activity.***

Parent/Guardian Signature *(required for all your minors)* _____ Date: _____

Print Parent/Guardian's Name ***(please print clearly)*** _____

Address: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

_____

MEDICAL INSURANCE CARRIER POLICY NO. ADDRESS

MEDICAL NOTIFICATION – Staff needs to be aware of the following medical requirements:

(1) If medically prescribed drugs are to be taken on this trip by a minor youth, a list of the medication(s) must be attached to this sheet;
(2) All prescriptions, except those which must be kept on the person for emergency use, must be kept and distributed by the staff;
(3) If there is a special medical condition or need, attach a description of that condition or need to this sheet.

ADULT AGREEMENT: ***Adults attending this event by riding transportation provided through OCFNLP are to abide to the stated rules and regulations. My signature affirms that I have read, understand, and agree to the above.***

Student's Signature *(if over 18):* _____ Date: _____

Participating Adult's Signature: _____ Date: _____

Orange County Friday Night Live Partnership (OCFNLP) is administered by the Orange County Department of Education and funded by the County of Orange Health Care Agency, Alcohol and Drug Education and Prevention Team. OCFNLP contact information: 714/966-4356 • Fax 714/540-2365 • www.ocfnl.org

ORANGE COUNTY DEPARTMENT OF EDUCATION
WILLIAM M. HABERMEHL
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