

OSCEOLA COUNTY SCHOOL FOR THE ARTS  
PARENT/GUARDIAN PHYSICAL ACTIVITY CONSENT

I, the parent/guardian of \_\_\_\_\_ grade \_\_\_\_\_ hereby consent for my child to participate in lunchtime physical activities at OCSA. By this consent, I hereby release and discharge the School District of Osceola County from all liabilities, claims, and demands of whatever kind of nature that may arise or be connected with the child's participation in such activity that is caused by the act or omission of persons other than agents or employees of the School District. This consent does not release the School District from any liabilities, duties or responsibilities for the acts or omissions of its own agents or employees imposed by any laws, regulations or policies.

I also understand that if my child becomes a discipline problem during an activity he/she will be restricted from further activities.

I authorize a representative of the school named above to see that my child receives any emergency medical treatment that may become reasonably necessary, while the child is active. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for my child.

My child has the following medical conditions. If none state "None" \_\_\_\_\_

Treatment for above \_\_\_\_\_

Child is allergic to the following medications. If none state "None" \_\_\_\_\_

Date of Child's last Tetanus injection, (if known) \_\_\_\_\_

Check (✓) one:  I do not have medical insurance to cover treatment.

I have medical insurance with company/provider name \_\_\_\_\_

Parent/guardian home phone # \_\_\_\_\_ work phone # \_\_\_\_\_

Emergency contact if parent/guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_