

NORTH MOUNTAIN MIDDLE SCHOOL SATURDAY SCHOOL NOTIFICATION

SATURDAY SCHOOL DATE: **November 5, 2022**

PARENT OR GUARDIAN – Please complete the following information and return to your student's school by the afternoon of 11/5/2022.

I request that \_\_\_\_\_ be permitted to participate in the voluntary Saturday School planned by San Jacinto USD on 11/5/2022 from 8:00 a.m. to 12:00 noon at North Mountain Middle School. Student is in good physical condition. If [he/she] becomes ill or injured during this activity, [he/she] may receive necessary first aid.

1. Student DOES – DOES NOT (circle one) need medications (prescribed or over the counter) to be given during the hours of this Saturday School.

Pursuant to California Educational Code Section 49423, all students requiring medications are required to have a written doctor's order and written parent permission.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Reason \_\_\_\_\_

2. Student MAY - MAY NOT (circle one) receive medical attention by a duly licensed physician.

3. Student MAY – MAY NOT (circle one) be admitted to a hospital in case of emergency. I will not hold the SAN JACINTO UNIFIED SCHOOL DISTRICT, its officers or employees, liable for medical aid rendered and will reimburse the SAN JACINTO UNIFIED SCHOOL DISTRICT for medical or other expenses incurred in [his/her] care. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and time period specified above. In accordance with Education Code Section 35330 I, the parent/guardian, hereby waive all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of this field trip.

4. Does your student need any accommodations or modifications addressed in the IEP or 504 plan that we need to be aware of? If so, please describe \_\_\_\_\_.

5. If Saturday School goes beyond school hours, student has my permission to walk home: YES - NO (circle one) If NO, transportation will be provided by: \_\_\_\_\_

EMERGENCY MEDICAL INFORMATION:

Student Allergic to: \_\_\_\_\_

Tetanus Shot in last 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Practitioner (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

I fully understand that Saturday School is VOLUNTARY and that all participants are to abide by all rules and regulations governing conduct during the session. Any violation of these rules and regulations may result in that individual being sent home at the expense of [his/her] parent/guardian. Attending Saturday School will not qualify your student for the Perfect Attendance award given at the end of the school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

