

Placentia-Yorba Linda School District

Kramer Middle School Science Olympiad Invitational Tournament Parental Release Form

Location: **Kraemer Middle School**
625 N. Angelina Dr. Placentia CA 92870

Time/Date: **7:00 a.m. - 7:00 p.m., Saturday, January 26th, 2019**

My son/ daughter, _____, has my permission to participate in the Kraemer Science Olympiad Division B Invitational Tournament at Kraemer Middle School.

In the event of illness or accident, I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital service that may be rendered to my son/daughter under practice in the state of California. This consent is given in advance of any specified diagnosis or treatment being required and is given in order that said health care professional may have the opportunity to exercise his or her best professional judgment as to any action that may be necessary or required to protect the life and health of my son/daughter.

I hereby agree to hold harmless the Placentia-Yorba Linda School District and Kraemer Middle School, Science Olympiad, and/or their members with respect to any and all damages or expenses which may be incurred, suffered or required to be paid by reason of this activity.

I have given the telephone number where I can be reached, both day and evening, during these date(s) should it be necessary to contact me in the event of an emergency.

Full Name of Student: _____ Grade: _____

School: _____

_____	_____
Parent/Guardian Signature	Date
_____	_____
Telephone Number (Day)	Telephone number (Alternate)
_____	_____
Street Address	City, Zip Code