

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN
EXTRACURRICULAR/ATHLETIC ACTIVITY
MEDICAL TREATMENT AUTHORIZATION**

To the Principal of: _____ (School)

_____ has my permission to participate in
(Student Name: please print)

_____ during the _____
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print): _____

I understand that the extracurricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury to student, I do hereby consent to whatever immediate emergency treatment, x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the school staff and trainers, first responders, attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ Student has no special health needs the staff should be aware of, and no medication is required during this class/activity.

_____ Student has a special need, and instructions are attached. Number of attached pages: _____.

_____ Other: _____

Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an **emergency**, please contact:

(Name) (Relationship) Work: () _____
Home: () _____
Cell: () _____

Signature of Parent/Guardian Please Print Name Date

Signature of Student Please Print Name Date

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
PARENT’S OR GUARDIAN’S PERMISSION FOR STUDENT PARTICIPATION IN
EXTRACURRICULAR/ATHLETIC ACTIVITY,
ASSUMPTION OF RISK, AND
HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABILITY**

To the Principal of: _____ (School)

_____ has my permission to participate in
(Student Name: please print)

_____ during the _____.
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print): _____

(1) Assumption of Risk:

On behalf of student and myself:

We understand that the above-listed extracurricular/athletic activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from student’s own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **We understand and appreciate the risks that are inherent in the extracurricular/athletic activity. We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student’s participation in the extracurricular/athletic activity is voluntary and that we knowingly assume all such risks of that participation. We recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. We agree that student will abide by all rules and regulations governing the extracurricular/athletic activity.**

(2) Hold Harmless, Indemnity and Release:

On behalf of student and myself, and in consideration of permission for student to participate in the above listed extracurricular/athletic activity:

We agree, here and forever, to the maximum extent permitted by law, for ourselves, our family, our heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Walnut Valley Unified School District (“District”), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from student’s participation in the extracurricular/athletic activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **We understand that we are releasing claims and giving up substantial rights, including our right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

PLEASE NOTE: California Education Code Section 35330 states in part: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.” **On behalf of student and myself, we understand that this extracurricular/athletic activity may involve excursions or field trips as defined by Section 35330 of the California Education Code, and we agree to waive all such claims.**

WE HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT

Signature of Parent/Guardian

Please Print Name

Date

Signature of Student/Participant

Please Print Name

Date

WALNUT VALLEY UNIFIED SCHOOL DISTRICT
2019-20 PRESCRIPTION OPIOIDS INFORMATION SHEET
2018-2019

Prescription opioids may be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death.

The use of prescription opioids can have a number of **side effects** as well, even when taken as directed:

- Tolerance – meaning you might need to take more of a medication for the same pain relief.
- Physical dependence – meaning you have symptoms of withdrawal when a medication is stopped.
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN

- Never take opioids in greater amounts or more often than prescribed.

- Follow up with your primary health care provider
 - Work together to create a plan on how to manage your pain
 - Talk about ways to help manage your pain that don't involve prescription opioids
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids
 - Never use another person's prescription opioids
- Store prescription opioids in a secure place and out of reach of others including visitors, children, friends, and family.
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.ded.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Be Informed! Make sure you know the name of your medication, how much and how often to take it, and its potential risks and side effects.

For more information, visit: www.cdc.gov/drugoverdose/prescribing/guidelin



Please cut and RETURN bottom portion only. Keep the above information for your records.

I have reviewed and understand the provided document regarding prescription opioid information:

Student-athlete Name

Student-athlete Signature

Date

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

Date