

ANNUAL KIWANIS SPECIAL GAMES

West Valley College, 14000 Fruitvale Ave., Saratoga 95070

PARENT RELEASE AND EMERGENCY FORM

Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____

City, State, and Zip: _____

School represented: _____

Parent/Guardian Name: _____

Telephone number(s) where parent/guardian may be reached during the day:

PARTICIPATION

I hereby give my permission for _____ to participate in Special Games activities and events.

X _____
Parent/Guardian Signature Date

RECORD LIKENESS

I hereby grant Special Games permission to record my child's likeness and/or voice for use by television, film, radio or printed media.

X _____
Parent/Guardian Signature Date

TRANSPORTATION

Please circle two (2):

1. I hereby give permission for my child to be transported **to** West Valley College by regular school transportation.
2. I hereby give permission for my child to be transported **from** West Valley College by regular school transportation.
3. Parent/Guardian will transport child **to** West Valley College.
4. Parent/Guardian will transport child **from** West Valley College.

X _____
Parent/Guardian Signature Date

EMERGENCY TRANSPORT

I hereby give permission to take my child, in case of emergency or minor injury, to the nearest hospital or medical center for treatment.

X _____
Parent/Guardian Signature Date

MEDICATIONS

List all medications your child is using at this time: _____

Please use this form ONLY if your school does not provide one.

*Return the completed school form or this form to your classroom teacher by the Second Monday in April
A copy will be delivered to the Nurse's Tent at West Valley College on the Day of the Games*