

I hereby authorize the principal or designee to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to my student upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective for the school year unless revoked in writing and delivered to the school. I hereby indemnify the Los Gatos-Saratoga Joint Union High School District, its employees and Governing Board from any liability of any nature in relation to the transportation or treatment of my student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I recognize that participation in co-curricular activities is voluntary. I agree to hold harmless the Los Gatos-Saratoga Joint Union High School District and its employees and agents from any liability or responsibility for damages from any injury or accident sustained by our student while participating in or being transported to extra-curricular activities.