

LIBERTY UNION HIGH SCHOOL DISTRICT

Freedom High School
1050 Neroly road
Oakley, CA 94513
925-625-5900

I hereby give permission for my son/daughter: _____
to attend the P.E. bowling class, located at Harvest Park Bowl, 5000 Balfour Rd., Brentwood, CA 94513.

Time of class: 8:00am – 9:15 a.m. Time to return to Freedom High School: 9:59 a.m.

Means of transportation: _____

Is Driver transporting other students? _____ If yes, please provide names of
Students: _____

We will need Proof of Insurance with a photo of your Insurance card with your Policy # and your Driver's License:

All persons taking the class at Harvest Park Bowl shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reasons of this class. (Ed Code 35330).

Parent/Guardian Signature

Date

In case of emergency and medical attention is needed, my student's regular doctor is:

_____. We have medical insurance covering him/her with:

_____. Policy # _____

Home Telephone Number: _____ Father's Work Telephone #: _____

Mother's Work Telephone #: _____

Home Address: _____

Mailing Address (if different from above): _____

Please list below any medication or medical information, which should be know. (Include any medication to which your student may be allergic.)

I give the teacher in charge the authority to obtain immediate medical attention.

Parent Signature

FRONT and BACK of LETTER MUST BE COMPLETED

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER