

PE Participation Permission Form

During the school year on good weather days, Frostig School holds its PE classes across the street at Victory Park. On inclement weather days, modified PE classes are held at Frostig in Gates Hall. Our safety protocols for Victory Park are included in this packet of information.

I give my child permission to attend PE classes off campus at Victory Park.

I do **NOT** give my child permission to attend PE classes off campus at Victory Park.

Student's Name: _____

Parent's/Guardian's Name: _____

Signature: _____ Date: _____

(Your typed name serves as your signature)

Permission for Medical Treatment During PE

Should it be necessary for my child to have medical treatment while participating in the field trip, I hereby give the school personnel permission to use their judgment in obtaining medical treatment for my child. I also give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school is not responsible for medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my responsibility.

I request that I, or my designee, be notified as early as possible of my child's injury.

WAIVER: I give my child permission to participate in the identified field trip, and in doing so, on behalf of my child, and in consideration for Frostig School allowing my child to participate in the field trip, I assume the risks associated with the field trip, including injury, illness, or death to my child, and I agree to release and hold harmless Frostig School, and its directors, officers, employees, volunteers, and agents for any such damage, loss, injury, illness, or death.

Student's Name: _____

Parent's/Guardian's Name: _____

Signature: _____ Date: _____

(Your typed name serves as your signature)

Should you have questions or concerns, please contact Jenny Tucker Mottes at jenny@frostig.org or 626-791-1255.