

After school Tutoring

Wednesdays or Thursdays

Rm 11

Morongo Unified School District

2-3:45

La Contenta Middle School

Math
English
Science
History

**AFTER SCHOOL ACTIVITY
MEDICAL SERVICES AUTHORIZATION**

you can
attend only
1 day or
both days

Student Activity: After School Tutoring

Date: 9/18 + 9/19

Time: 2-3:45

I, _____ the parent/legal guardian of _____ a minor, give permission for my student to receive emergency medical services while attending the La Contenta Middle School after-school program. I authorize the supervising adult to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of a physician and surgeon licensed under the provisions of law in that state governing the practice of medicine; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances, within the full discretion, and in the course of the same kind or responsible deliberations as I as such minor's parent/legal guardian would have to consider it. I further authorize the supervising adult to arrange for and hire an ambulance or other emergency vehicle to transport, at my expense, such a minor to a suitable place where medical or dental care is provided. The above would occur only in the case of our inability to contact a legal guardian.

Date this _____ day of _____, 20_____.

Printed Student Name _____

Grade _____

Printed Parent/Guardian Name _____

Signature of Parent/Guardian _____

Home Address _____

Telephone Number _____

Emergency Telephone Numbers:

To insure the welfare of your child, it is necessary that we have telephone numbers to reach parents or other adults who will assume responsibility for your child.

Name _____

Telephone Number _____

Relationship _____

Name _____

Telephone Number _____

Relationship _____

← **-SEE REVERSE-** →

I understand that my student will lose the privilege of participation in this program upon failure to remain in assigned supervised areas as outlined in the program. Failure to show proper respect for the activity sponsor and/or to follow his/her guidelines will result in immediate removal from the program.

Parent/Guardian Signature

LATE BUS SCHEDULE

Joshua Tree

Yucca Mesa/Landers

Yucca Valley

Morongo Area

There are four (4) after-school late buses (Wednesday and Thursday only). The late busses can make stops at ALL regular authorized bus stops in the La Contenta Middle School area but will only stop at those needed by the riding students each day. Upon entering the late bus in their home area, the student must inform the bus driver which stop they need to get off at.