



EMERGENCY MEDICAL ASSISTANCE OPT-OUT

Unless the Student only has one parent or legal guardian, or this Objection is submitted with a valid Court Order authorizing only one parent/guardian to make all health care decisions for a student, this Objection must be signed by both parents/legal guardians in order to be valid.

Student Name _____ Birthdate _____

Address _____ Telephone _____

School _____ Grade _____ Teacher _____

In keeping with Education Code Section 49408 and the District's requirements, I/we have executed an emergency contact information card or form. Pursuant to Education Code Section 49407, however, I/we object to the District providing emergency medical care, or directing care to be provided by an emergency health care responder or provider, beyond basic first aid, general comfort, a prompt telephone call to emergency services (911), and prompt and reasonable efforts to reach me/us by telephone or other means described in the emergency contact card or form. This written Objection will be acted upon by the District in accordance with its terms and conditions within limited time constraints, such that I/we understand that I/we cannot direct the District, its employees or volunteers (verbally or in any other form) to take any action inconsistent with this Objection during an emergency situation.

I/we understand and agree that in light of our Objection (1) the District and its trustees, employees, volunteers, and agents are released from any potential duty to render or direct emergency medical care beyond those limited activities listed above, and (2) I/we are waiving any potential claim that I/we or the Student may have against the District and its trustees, employees, volunteers, and agents that might, in some manner, arise from or relate to the directives contained in this Objection. We assume all risks of harm or death that might arise from this Objection.

Because of this Objection, the Student may be denied the opportunity to participate in field trips and other extra-curricular activities presenting potential risks of harm or injury that could trigger a need for emergency medical care or assistance unless I/we also affirmatively state below that this Objection is based on my/our religious beliefs. Execution of Field Trip, Athletic Participation, Activity Participation forms do not override this Objection.

During the school year, I/we can only withdraw this Objection upon my/our written submission to the District of a signed and dated withdrawal of the Objection. A new Objection is required for each school year.

Dated: _____

Printed Name (First Parent/Guardian)

Printed Name (Second Parent/Guardian)

Signature

Signature

Supplemental Religious Exemption Affirmation

I/We declare, under the penalty of perjury, that we hold genuine and sincere personal religious beliefs which are inconsistent with likely or expected emergency medical procedures that might be used on the Student. I/we may cross out that section of any Field Trip, Athletic Participation, or Activity Participation form that would otherwise authorize the District to render or direct emergency medical care in such situations, and that it is my obligation to do so to help ensure that my/our wishes and directives are also supported in those forms.

Signature

Signature