

CRESCENTA VALLEY HIGH SCHOOL INSTRUMENTAL MUSIC

Per: 0-CG

Field Trip Waiver, Student Insurance Affidavit, & Medical Authorization Information

I hereby give my permission for my child, _____, in class: CG/ WG, Grad Yr: 201____, to participate in **ALL INSTRUMENTAL DEPARTMENT & COLORGUARD ACTIVITIES, 2014-2015 INCLUSIVE**, as part of his/her regular school program. These activities (field trips, festivals, competitions, rehearsals, etc.) may be held at **VARIOUS TIMES THROUGHOUT THE 2014-2015 SCHOOL YEAR**. Transportation to and from off-campus activities may include school bus, commercial bus, private vehicle, airplane, boat, train, and/or walking. I fully understand that my child is to abide by all district rules and regulations governing conduct during these activities. It is also understood that any child determined to be in violation of behavior standards may be sent home at the parent or guardian's expense.

I further understand and acknowledge that, as provided in California Education Code Section 35330, by consenting to allow my child to participate in these activities, I shall, by law, be deemed to have given up all claims against the Glendale Unified School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the activity. I also agree to relieve the District of any responsibility for damage to or loss of my child's property during or by reason of the activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), and/or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

Signature of Parent or Guardian	Date	Signature of Student	Date

Student's Address / Apt. #	City / State / Zip	Home Phone	

GLENDALE UNIFIED SCHOOL DISTRICT STUDENT INSURANCE AFFIDAVIT

As the Glendale Unified School District does not carry student accident insurance, please read the following affidavit carefully and if you presently have the required insurance coverage for your child, sign where indicated. If insurance is lacking, see the note at the bottom of this page.

AFFIDAVIT

The insurance coverage information requested includes insurance protection for medical and hospital expenses resulting from bodily injury. I understand that the coverage applies to members of the **CRESCENTA VALLEY HIGH SCHOOL INSTRUMENTAL MUSIC DEPARTMENT / COLORGUARD** arising while such members are engaged in or preparing for a event promoted under the sponsorship or arrangement of the Glendale Unified School District (GUSD) or student body association (CVHS ASB), or while such members are being transported by or under the sponsorship or arrangement of the GUSD or CVHS ASB, to and/or from school and/or other place of instruction and/or the place of the instrumental or guard activity. Please check the appropriate box below:

I, _____, parent/guardian of _____, do hereby declare:

that he/she is insured through the following insurance company:

(Insurance Company)	(Policy Number)

I declare that I will maintain this insurance and will notify the High School, in writing, if the policy is canceled or is in default.

OR

that he/she will apply for student insurance through the school student insurance program or another government program and he/she will provide coverage information as soon as it is received.*

OR

that he/she does not have insurance and we, the parents, will accept financial responsibility should emergency treatment / services be required.

I declare under penalty of perjury that the above is true and correct.

(Signature of Parent/Guardian)	(Date)

***NOTE:** To apply for inexpensive Student Insurance Coverage, please contact Mr. Schick. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs. Information about these programs may be obtained by calling the Healthy Families Program (800) 880-5305.

CVHS INSTRUMENTAL MUSIC DEPARTMENT EMERGENCY CONTACT INFORMATION

Student: _____ 201 _____
Last Name First Name GUSD ID# Year Graduating Birth Date

Student Email: _____ Student's Cell: _____

Father/Guardian Name: _____ Father's Cell: _____

Father's Address (if different than student) _____

Father's email: _____

Mother/Guardian Name: _____ Mother Cell: _____

Mother's Address (if different than student) _____

Mother's email: _____

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT, PLEASE CONTACT:

Mother Father Other Friend or Relative: _____ Phone: _____

Family Doctor: _____ Phone: _____

Please list below any serious illnesses, accidents, and/or chronic conditions (i.e., allergies, asthma, bleeder, diabetes, frequent fainting, heart condition, seizures, etc.) that staff should be aware of, and please explain:

SPECIAL NOTE TO PARENTS/GUARDIANS:

(Please check either YES or NO)

ALL medications and drugs must be registered on this form.

All medications and drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by a staff member;

NO, there are no special problems that the staff should be aware of and no medications and/or drugs required on these trips

YES, there are special problems that the staff should be aware of and/or special medications and/or drugs to be taken by your child. List below the name(s) of medication(s) and/or drug(s) and reason(s) for taking them:

PERMISSION TO DISPENSE NON-PRESCRIPTION MEDICATION

From time to time a student may wish to request non-prescription medications such as Tylenol, cough drops, etc. No such medication may be dispensed to any student without prior parental permission to do so. Please choose one option below and initial.

I hereby give permission do NOT give permission _____ (Parent/Guardian Initials)
for the Instrumental Director and/or designee to dispense over-the-counter, non-prescription medication (e.g. Tylenol, cough drops) at my students request or if needed.

The following non-prescription medication(s) SHOULD NOT be administered to this student:

(One copy of this form to be filed in the High School Principal's office, One to be carried by the Instrumental Director and/or designee)