CRESCENTA VALLEY HIGH SCHOOL INSTRUMENTAL MUSIC

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

I hereby give my permission for my child, to participate in ALL INSTRUMENTAL DEPAR school program. These activities (field trips, fest THROUGHOUT THE 2013-2014 SCHOOL YEAR bus, commercial bus, private vehicle, airplane, district rules and regulations governing conduct be in violation of behavior standards may be set	tivals, competition AR. Transportate boat, train, and/on during these acount home at the p	ons, rehearsals, ion to and from or walking. I fully tivities. It is also arent or guardia	etc.) may be held a off-campus activitie understand that m understood that ar in's expense.	at VARIOUS TIMES es may include school by child is to abide by all any child determined to		
I further understand and acknowledge that, as a allow my child to participate in these activities, I Unified School District and each of its officers, any injury, accident, illness or death occurring cresponsibility for damage to or loss of my child's	I shall, by law, be employees and a during or by reas s property during	e deemed to have agents (hereinaft on of the activity or by reason of	re given up all clain ter collectively refer r. I also agree to rel f the activity.	ns against the Glendale rred to as "District") for lieve the District of any		
In the event of any illness or injury, I hereby cor surgical diagnosis and/or treatment and hospita the safety and welfare of my child. It is understo guardian(s), and/or participant. (Whenever poss any medical action.)	al care from a lice bood that the resu	ensed physician Iting expenses v	and/or surgeon is ovill be the responsile	deemed necessary for bility of the parent(s),		
Signature of Parent or Guardian	Date	Signature of Stu	udent	Date		
Student's Address / Apt. #	City	/ State /	Zip	Home Phone		
GLENDALE UNIFIED SCHO	OL DISTRIC	T STUDENT I	INSURANCE A	FFIDAVIT		
As the Glendale Unified School District <u>does not</u> 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 from bodily injury. I understand that the covera INSTRUMENTAL MUSIC DEPARTMENT arising event promoted under the sponsorship or arrangle association (CVHS ASB), or while such member the GUSD or CVHS ASB, to and/or from school activity. Please check the appropriate box belowed.	ge applies to me ng while such me gement of the G ers are being trar I and/or other pla	embers of the CF embers are enga lendale Unified asported by or u	RESCENTA VALLE aged in or preparing School District (GU nder the sponsorsh	EY HIGH SCHOOL g for a instrumental ISD) or student body nip or arrangement of		
I,, pare	ent/guardian of _			, do hereby declare:		
that he/she is insured through the following insu	rance company:					
(Insurance Company)		(Policy	Number)			
I declare that I will maintain this insurance and will no	otify the High Scho	ool, in writing, if the	e policy is canceled o	r 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

Contact information will be used by CVIM to provide information about Music Related activities. Please print neatly.

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 Cell:				
Father's Address (if different that student)						
Father's email:						
Mother/Guardian Name:	Mother Cell:					
Mother's Address (if different that student)						
Mother's email:			· · · · · · · · · · · · · · · · · · ·			
IN CASE OF SUDDEN ILLNESS OR ACCIDE	ENT TO THIS STUDENT	Γ. PLEASE COI	NTACT:			
Family Doctor:						
Tanniy Doctor.	1 110116	·				
Please list below any serious illnesses, accidents, and/diabetes, frequent fainting, heart condition, seizures, et	· ·	•				
	kept on the student's person I be aware of and no medical aware of and/or special medical	for emergency use tions and/or drugs i	required on			
PERMISSION TO DISPENSE NO From time to time a student may wish to request non-prescrip medication may be dispensed to any student without prior parelease check one option below and initial. I hereby give permission do NOT give perfor the Instrumental Director and/or designee to dispense over cough drops) at my students request or if needed. The following non-prescription medication(s) SHOULD NOT	ption medications such as Tyarental permission to do so. ermission(Pa er-the-counter, non-prescript	vlenol, cough drops rent/Guardian Initials) ion medication (e.g				

(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)