CRESCENTA VALLEY HIGH SCHOOL INSTRUMENTAL MUSIC

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

I hereby give my permission for my child, ______, in class: ______, Grad Yr: 201___, to participate in ALL INSTRUMENTAL DEPARTMENT 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 <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 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** arising while such members are engaged in or preparing for a instrumental 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 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)				
l de	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, <u>will accept financial responsibility</u> 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	
Student: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 differen	nt than student)			
Father's email:				
Mother/Guardian Name: _		Mother Cell:		
Mother's Address (if differe	nt that student)			
Mother's email:				
IN CASE OF SUDE	DEN ILLNESS OR ACCIDENT	TO THIS STUDEN	T. PLEASE COI	
	Other Friend or Relative:			
Family Doctor:		Phone	9:	
	SPECIAL NOTE TO PARI		:	
ALL medications and dr	(Please check eithe ugs must be registered on this form.			
All medications and dru	gs, except those which must be kept		for emergency use	e, must be
 kept and distributed by a NO, there are no spec these trips 	i staff member; ial problems that the staff should be	aware of and <u>no</u> medica	tions and/or drugs	required on
YES, there are special p	problems that the staff should be awa below the name(s) of medication(s)			
PERM	SSION TO DISPENSE NON-F	PRESCRIPTION ME		
	may wish to request non-prescriptior ed to <u>any</u> student without prior parent slow and initial.		ylenol, cough drops	, etc. No such
	ermission do NOT give permi and/or designee to dispense over-th request or if needed.		rent/Guardian Initials) tion medication (e.c	ı. Tylenol,

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

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