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, ______, in class: ____,Grad Yr: _____,

to participate in ALL INSTRUMENTAL DEPART school program. These activities (field trips, festing the First THROUGHOUT THE 2016-2017 SCHOOL YEAD ous, commercial bus, private vehicle, airplane, but the bushing the sand regulations governing conduct to be in violation of behavior standards may be senting the sand treatment of the province of the provi	vals, competition of transportate oat, train, and/oduring these ac	ons, rehearsals ion to and fror or walking. I fu tivities. It is als	s, etc.) may be hel n off-campus activ lly understand that so understood that	d at VARIOUS TIMES rities may include school t my child is to abide by all
further understand and acknowledge that, as prallow my child to participate in these activities, I substitute and each of its officers, erany injury, accident, illness or death occurring duresponsibility for damage to or loss of my child's	shall, by law, be mployees and a uring or by reas	e deemed to hagents (hereina on of the activ	ave given up all claster collectively resity. I also agree to	aims against the Glendale eferred to as "District") for
n the event of any illness or injury, I hereby consurgical diagnosis and/or treatment and hospital the safety and welfare of my child. It is understocquardian(s), and/or participant. (Whenever possion medical action.)	care from a lice od that the resu	ensed physicia Iting expenses	an and/or surgeon s will be the respor	is deemed necessary for nsibility of the parent(s),
Signature of Parent or Guardian	Date	Signature of S	Student	Date
		CA		
Student's Address / Apt. #	City	/ State /	Zip	Home Phone
GLENDALE UNIFIED SCHOO	OL DISTRIC	T STUDENT	INSURANCE	AFFIDAVIT
As the Glendale Unified School District <u>does not</u> carefully and if you presently have the required in acking, see the note at the bottom of this page.	nsurance cover	age for your c		
	AFFIDA	VII		
The insurance coverage information requested in from bodily injury. I understand that the coverage NSTRUMENTAL MUSIC DEPARTMENT arising event promoted under the sponsorship or arrange association (CVHS ASB), or while such member the GUSD or CVHS ASB, to and/or from school activity. Please check the appropriate box below	e applies to me g while such me pement of the G s are being trar and/or other pla	embers of the open combers are ended lendale Unifier apported by or	CRESCENTA VAI gaged in or prepa d School District (under the sponso	ring for a instrumental GUSD) or student body rship or arrangement of
,, parei	nt/guardian of _			, do hereby declare:
that he/she is insured through the following insura	ance company:			
(Insurance Company)		(Poli	cy Number)	
declare that I will maintain this insurance and will not	ify the High Scho	ool, in writing, if	the policy is cancele	d or is in default.
that he/she will apply for student insurance throughe/she will provide coverage information as soon			program or another	government program and
that he/she does not have insurance and we, the	OR parents, will acc	ept financial res	<u>ponsibility</u> should er	nergency treatment / services
be required. I declare under pen	alty of perjury tha	at the above is t	rue and correct.	
(Signature of Parent/Guardian)			(Date)	
*NOTE: To apply for inevnensive Student Insurance I	Coverage place	o contact Mr. Sa	hick	

*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:	
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 that student)	
Mother's email:	
IN CASE OF SUDDEN ILLNESS OR ACCID	DENT TO THIS STUDENT, PLEASE CONTACT:
☐ Mother ☐ Father Other Friend or Relative:	Phone:
Family Doctor:	Phone:
	d/or chronic conditions (i.e., allergies, asthma, bleeder, etc.) that staff should be aware of, and please explain:
Please list any extreme food allergies or dietary restrictions	3:
We will try to accommodate food needs; however the	safest course would be for students to bring their own food.
(Please check ALL medications and drugs must be registered on this All medications and drugs, except those which must be kept and distributed by a staff member; NO, there are no special problems that the staff shouthese trips	ld be aware of and <u>no</u> medications and/or drugs required on be aware of and/or special medications and/or drugs to be
	ION-PRESCRIPTION MEDICATION cription medications such as Tylenol, cough drops, etc. No such parental permission to do so.
I hereby give permission do NOT give	over-the-counter, non-prescription medication (e.g. Tylenol,