CRESCENTA VALLEY HIGH SCHOOL INSTRUMENTAL MUSIC

Per·	
rei.	

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

I hereby give my permission for my child	d,	in class:	<u>,</u> Grad Yr 20
to participate in ALL INSTRUMENTAL school program. These activities (field to THROUGHOUT THE 2007-2008 SCHO bus, commercial bus, private vehicle, aid district rules and regulations governing be in violation of behavior standards may be in violation of the school of th	rips, festivals, comp OOL YEAR. Transporplane, boat, train, a conduct during thes	etitions, rehearsals, etc.) may be ortation to and from off-campus a and/or walking. I fully understand e activities. It is also understood	held at VARIOUS TIMES activities may include school that my child is to abide by all that any child determined to
I further understand and acknowledge to allow my child to participate in these act Unified School District and each of its of any injury, accident, illness or death occ responsibility for damage to or loss of m	tivities, I shall, by law fficers, employees a curring during or by i	v, be deemed to have given up a nd agents (hereinafter collectivel reason of the activity. I also agree	Il claims against the Glendale y referred to as "District") for
In the event of any illness or injury, I her surgical diagnosis and/or treatment and the safety and welfare of my child. It is a guardian(s), and/or participant. (Whene any medical action.)	hospital care from a understood that the	a licensed physician and/or surge resulting expenses will be the res	eon is deemed necessary for sponsibility of the parent(s),
Signature of Parent or Guardian	Date	Signature of Student	Date
Address	Cit	ry/State/Zip	Home Phone
		RICT STUDENT INSURANCE	
According to California Education Code activities, you must obtain insurance co accident insurance, please read the follofor your child, sign where indicated. If in see the note at the bottom of this page.	verage for them. As owing affidavit caref surance is lacking,	s the Glendale Unified School Dis ully and if you presently have the write the word "NONE" on the "In	strict does not carry student required insurance coverage
	AFF	IDAVIT	
The insurance coverage required by Ca for medical and hospital expenses result understand that the aforesaid law requiremental event promoted under the association (CVHS ASB), or while such the school district (GUSD) or student be and/or the place of the instrumental activation.	Iting from bodily injures that the above considered by the construction of the constru	ry in an amount of at least \$1500 overage apply to members of the arising while such members are ngement of the school district (Gi transported by or under the spor	1.00 for all such services. I CRESCENTA VALLEY engaged in or preparing for a USD) or student body nsorship or arrangement of
I,	, parent/guard ance with Education	dian of Code Sections 32220 and 3222	, do hereby 1 through the following
(Insurance Company)		(Policy Number, if ap	unlicable)
I declare that I will maintain this insuran	ce and will notify the		
in default. I declare under penalty of per			
(Signature of Parent/Guardian)		(Date)	
NOTE: If you are not in a position to sig	gn the above affidav	it and your son or daughter plans	to participate in any

NOTE: If you are not in a position to sign the above affidavit and your son or daughter plans to participate in any interscholastic activities, the required insurance must be provided prior to his or her participation. To apply for inexpensive Student Insurance Coverage, please contact Mr. Schick.

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CVHS INSTRUMENTAL MUSIC DEPARTMENT EMERGENCY INFORMATION

Student:Last Na					
Last Na	me First	Name	M.I.	Graduation Year	Birth Date
Address:			Phone:		
Father/Guardian Name	:				
Mother/Guardian Name	:				
IN CASE OF S	UDDEN ILLNESS	OR ACCIDEN	T TO THIS ST	UDENT, PLEASE	CONTACT:
1. Mother at:				Phone:	
Cell Phone: _			Pager:		
2. Father at:	(Place of ampleyment	if none places write	NA	Phone:	
	(Flace of employment				
3. Other Relative:			-	Phone:	
				1 Hone.	
4. Other Friend or Re	lative:			Phone:	
5. Family Doctor:				Phone:	
		NOTE TO PAR ease check eithe		DIANS:	
(2) All medications kept and distribute (3) Check here if required on these to (4) Check here if the control of	d by the a staff memb there are <u>no</u> special pr rips; here <u>are</u> any special p	ose which must be er; roblems that the st	kept on the stud aff should be awa	lent's person for emerg are of and <u>no</u> medication are of and/or special material ma	ons and/or drugs
From time to time a stud	dent may wish to requ	est non-prescriptic	n medications su		
medication may be disp be given any non-preso				do so. If you would lik	e for your child to
I hereby give permissio	n for the Instrumental	Director and/or his	designee to disp	pense non-prescription	medication
as needed to my child:	(Student's Name		/5	Overelles O'	(D-4-)
The following non-preson				Guardian Signature) his student:	(Date)

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