

Use black or blue ink only

EMERGENCY PROCEDURE FORM 2018-2019

Name _____ / _____ / _____
Last First MI Grade starting 9/17 Birth Date

Address _____ City _____ Zip _____

Home Phone () _____ Cell/Pager # () _____

Parent (s) Name: _____

Check the Group(s) you perform with:

MADRIGALS EXPRESSIONS MEN'S ENSEMBLE CHORALE ARIA

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT:

1. Contact mother at _____ Phone () _____
(Place of employment)
2. Contact father at _____ Phone () _____
(Place of employment)
3. Contact _____ Phone () _____
(Name of local relative or neighbor)
4. Contact _____ Phone () _____
(Physician's Name)

CO/EXTRA CURRICULAR TRANSPORTATION PERMISSION

METHOD OF TRANSPORTATION INCLUDE THE FOLLOWING: District bus, commercial charter bus and air transportation. Also district vehicle, rented auto, and private vehicle driven by staff member or adult volunteer. I have reviewed and understand the modes of transportation above. I agree to these transportations for my son or daughter unless I have noted any exceptions below. In addition, I am aware of Education Code Section 35330 which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the District for injury, accident, illness or death occurring during or by reason of the trip or excursion.

DENIED TRANSPORTATION METHOD (if any) _____

Signature of Parent/Guardian _____ **Date** _____

ANY MEDICATION (prescription or over-the-counter) must have a District form completed with parent's and physician's signatures on file in the school's health office. A copy of that form needs to be submitted with these emergency forms as well. NO medication will be dispensed to a student WITHOUT that required District form.

Check here if there are no special medical problems that the staff should be aware of and no drugs are required on the trip;

Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If so, please describe and attach the District form as described above with the appropriate parent and physician signatures.

Special Medical Problems (or medications) _____

PLEASE COMPLETE THE BACK SIDE OF THIS FORM

Activity Waiver & Medical Authorization – Minor Education Code Section 35330

_____ has my permission to participate in the following voluntary school activity and/or field trips for the following dates:

UHS Choral Department

June 2018 – July 2019

School Activity/Sport

Date(s) or SCHOOL YEAR

I fully understand that my child is to abide by all rules and regulations governing conduct during this activity or field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardian's expense.

I understand and acknowledge that, as provided in Education Code Section 35330, by consenting to allow my child to participate in this activity or field trip, I shall, by law, be deemed to have given up all claims against the Upland 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 or field trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of this activity or field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis 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), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

I AM AWARE THAT THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE.

Signature of Parent/Guardian

Date

INSURANCE AFFIDAVIT - To Parent or Guardian:

Before your son or daughter can be issued equipment or is eligible to participate in interscholastic activities, insurance coverage according to Education Code Sections 32220 and 32221 must be obtained by you for the son or daughter who plans to participate. Please read carefully the following affidavit, and if, and only if, you presently have the required insurance coverage for your son or daughter sign the affidavit. The affidavit may be signed if your son or daughter has insurance coverage for only medical and hospital expenses; however, the word "none" should be written in if insurance is lacking.

AFFIDAVIT – please read and sign acknowledgement of insurance affidavit

I do understand that the insurance coverage required by Education Code Sections 32220 and 32221 includes insurance protection for medical and hospital expenses resulting from accidental bodily injury in an amount of at least \$1500 for all such services.

I further understand that the aforesaid law requires that the above coverage apply to members of interscholastic activities arising while such members are engaged in or preparing for an event promoted under the sponsorship or arrangement of the school district or student body association, or while such members are being transported by or under the sponsorship of the school district or student body association to or from school or other place of instruction and the place of the event.

I _____ parent or guardian of _____ do hereby declare that
(Name of parent/guardian) (Name of student)

_____ is insured in accordance with Education Code Sections 32220 and 32221
(Name of student)

through the following **MEDICAL AND HOSPITAL INSURANCE** company:

INSURANCE COMPANY & PHONE NUMBER

POLICY NUMBER

I declare that I will maintain this insurance and will notify, in writing, the principal of the appropriate school immediately if the policy is canceled or is in default. I declare under penalty of perjury the above and forgoing is true and correct.

Signature of Parent/Guardian

Date

If you are not in a position to sign the affidavit above, and your son or daughter plans to participate in any interscholastic activities, the required insurance coverage must be provided prior to his or her participation. To apply for this insurance, please contact the Upland High School Health Center.

EVERY STUDENT MUST HAVE SOME FORM OF INSURANCE

REQUIRED STUDENT BEHAVIOR CONTRACT - UHS Choral Depart.
June 2018- July 2018

STUDENT

I agree to conduct myself on the trip (or any activity) in such a way that I will bring honor to myself, my school and community. I furthermore agree to obey at all times on the trip (or during any activity) the rules of conduct, instructions of the leaders, chaperones or others in authority, and the policies, laws, and regulations of the Upland Unified School District, other school districts, colleges, hotels, conveyances, and facilities visited on the trip (or activity). **I recognize that any serious violation of rules of conduct may result in my removal from the trip (or activity) at an additional cost to myself or my parents. I further understand and agree that any additional costs to the trip (or activity) fund caused by my conduct, behavior, etc., must be paid back to the trip fund within 15 days after returning home from the trip (or activity).** I also understand that as a result of any misconduct by me further disciplinary action may be taken by the Upland Unified School District and/or the Upland High School staff at the conclusion of this trip (or activity) if necessary.

The following information was obtained from the Upland High School Student/Parent Handbook and will be applied to all future UHS Choral Department trips . . . “As part of our continuing effort to provide a safe and healthy learning environment, UUSD has contracted with a private company to conduct random, unannounced visits to the Upland High School campus by non-aggressive, specially-trained Golden Retriever. *These canines will periodically check the campus for illegal and prohibited items such as alcohol, drugs and explosives.* If they detect any illegal substances, the school administrator will take all appropriate actions in accordance with California Education Code 48900. The purpose of the canine program is to eliminate unsafe items or conditions at school that may disrupt student learning. Students are advised not to bring any prohibited items to school.”

POLICY REGARDING Consequences for unsupervised loitering in CHORAL Building.

Effective immediately there will be NO loitering in or around any of the above mentioned rooms or locations. NO eating in the choral building is allowed. The school is enforcing this policy in an effort to ensure student personal safety, protection of personal property, as well as the protection of school facilities and equipment. Consequences will be as follows:

- | | |
|-----------------|--|
| First offence: | 2 hour custodial duty after school |
| Second offence: | Saturday School (4 hours) |
| Third offence: | 3-day suspension & suspension from next performance (grade will be affected) |
| Fourth offence: | Removal from program |

I will accept the authority of the Director, the staff, and chaperones and will abide by all decisions they have made and might have to make during any trip and/or activity. I understand the “Consequences for unsupervised loitering in Choral Building.”

PLEASE PRINT student name

Signature of Student

Date

PARENTS/GUARDIAN

I have read the above Student Agreement and have discussed it with my son/daughter to make certain he/she understands the importance of proper behavior and the great responsibility of the director, the staff and chaperones to see that everything goes well and safely. I agree with and support the aforementioned rules and agreements. I understand the “Consequences for unsupervised loitering in Choral Building.”

Signature of Parent/Guardian

Date

PLEASE COMPLETE THE BACK SIDE OF THIS FORM

Upland High School Choral Boosters
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITIES

Name of Participant: _____

Description of Activities: All Booster related activities such as car washes, fund raiser events, etc.

Date(s) of Activities June 2018 – July 2019

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activities. I realize that these activities are voluntary and are not sponsored or supervised by the Upland Unified School District. I understand that these activities could cause illness and/or injury or death, and I assume all risks for any such illness and/or injury or death.

For and in consideration of permitting the above named Participant to engage in the activities described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to the Participant as a result of engaging in said activities or any activities incidental thereto. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the **Upland High School Choral Boosters**, Upland Unified School District or any of their respective officers, agents, employees or volunteers for any of said causes of action.

I am aware of the potential risks involved in these activities and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the **Upland High School Choral Boosters** do not provide medical coverage for participants in these activities.

 Parent/Guardian Signature (Required if Participant under age 18)

Parent/Guardian Name (Please Print)

School Phone # _____
 School Fax # _____

PHYSICIAN INSTRUCTIONS

For SCHOOL ASSISTED MEDICATION

A. This form must be completed before any medication (*prescription or over-the-counter*) can be given, or taken, at school.
Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in medication.

Student Name: _____ Date of Birth: _____

PHYSICIAN USE ONLY	
1. MEDICATION: _____	Dose: _____ Reason/Diagnosis: _____
Route: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Topical <input type="checkbox"/> Inhale <input type="checkbox"/> Injection <input type="checkbox"/> Other _____	Med Start Date: _____ Stop Date: _____
<input type="checkbox"/> If DAILY ~ Time(s) to be given: _____	
<input type="checkbox"/> If AS NEEDED (pm) ~ Frequency: <input type="checkbox"/> Every 3 to 4 hrs., <input type="checkbox"/> Every 4 to 6 hrs., <input type="checkbox"/> Other : _____	
<input type="checkbox"/> *Self carry – for asthma inhaler or epinephrine auto-injectors ONLY. Student demonstrates competence. <ul style="list-style-type: none"> <input type="checkbox"/> (Not recommended in elementary school) 	
Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____	
2. MEDICATION: _____	Dose: _____ Reason/Diagnosis: _____
Route: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Topical <input type="checkbox"/> Inhale <input type="checkbox"/> Injection <input type="checkbox"/> Other _____	Med Start Date: _____ Stop Date: _____
<input type="checkbox"/> If DAILY ~ Time(s) to be given: _____	
<input type="checkbox"/> If AS NEEDED (pm) ~ Frequency: <input type="checkbox"/> Every 3 to 4 hrs., <input type="checkbox"/> Every 4 to 6 hrs., <input type="checkbox"/> Other : _____	
<input type="checkbox"/> *Self carry – for asthma inhaler or epinephrine auto-injectors ONLY. Student demonstrates competence. <ul style="list-style-type: none"> <input type="checkbox"/> (Not recommended in elementary school) 	
Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____	
Physician Signature: _____	Date: _____
Physician Name: _____	
Address: _____	Phone: _____
City: _____	Zip: _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

* California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.

Parent Request For Assistance with Medication at School

B. The parent or guardian must complete this page before any medication (*prescription or over-the-counter*) can be given, or taken, at school. **Signature of parent or guardian is required. This form must be renewed each school year or with any change in medication.**

Student Name: _____ **Date of Birth:** _____

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of asthma inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions).

A. I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

Parent or Guardian Signature: _____ **Date:** _____ **Phone Number:** _____

B. For ASTHMA INHALER/EPINEPHRINE AUTO-INJECTOR SELF-CARRY requests only: I hereby request that my student carry and self-administer his/her asthma inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication.* I also give permission to contact the physician for consultation and exchange of information as needed.

Parent or Guardian Signature: _____ **Date:** _____ **Phone Number:** _____

Student Contract – Asthma Inhalers Only

I agree to keep my medication in a safe and secure place, such as on my person, at all times. I agree I will NEVER share my medication with another student. If I am using my inhaler more than once a day, or several times a week, I will speak with the school nurse.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

* California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.