## CAMPOLINDO HIGH SCHOOL



## Campolindo High School Senior Ball Agreement

## ALL ATTENDEES MUST COMPLETE FRONT AND BACK OF THIS FORM

City Hall, San Francisco, CA May 18, 2024, 5 pm - 11:30 pm

The Senior Ball is a special event and student safety is our top priority. All attendees of the Senior Ball must submit this form (completed front and back) to the office in order to attend. This agreement is required so all participants understand behavioral expectations and the emphasis on safety.

By signing below, all parties agree to abide by Campolindo rules and regulations.

**STUDENT ATTENDEE**: I realize that the Senior Ball is an important extracurricular event, and at the same time, I agree that safety is vitally important. The Senior Ball is a school event, and school rules apply. I also understand that I am accountable for my own actions at the Ball. If I appear under the influence of drugs or alcohol, or have any in my possession, I will not be admitted and will be detained until a parent/guardian or authorities arrive. If I am under the influence of drugs or alcohol, or have any in my possession, I will be subject to school discipline. Vehicles and/or students and guests may be searched if there is reasonable suspicion of possession. All attendees will be breathalyzed.

Student Name:	Phone # (to contact w/ questions):
Student Signature:	Date:
Please check the box and complete the [This section applies only to Guests and	ne below if applicable: Campo Seniors hosting a Guest (max1). Guest = not a Campo Senior]
☐ I am a Campo student, BRIN	GING a guest who is NOT a Senior at Campo
Guest Name:	
Guest School & Grade:	
☐ I am a 1stYear/Soph/Junior 0	Campo student and am the GUEST of a Campo Senior
My Grade & Campo Senior Ho	ost:
☐ I am NOT a student at Camp	o and am the GUEST of a Campo Senior
My Campo Senior Host:	
My School & Grade:	
My School Administrator (Nam	ne & Title):
My School Administrator Signa	ature:
****** ATTACH ADMINISTRA	TOR'S BUSINESS CARD TO THIS FORM ******
	of the student named above, I acknowledge that I have read the student driving restrictions imposed on first-year drivers and will ensure that my vent.
Parent Name:	Phone # (night of Ball):
Parent Signature:	Date:

Tickets must be purchased through the Campolindo Webstore for all Campo Students and Guests by May 7, 2024. If you need assistance with Senior Ball costs, please email your counselor for a confidential conversation. We want all Seniors to be able to attend.



## Acalanes Union High School District PARENT AUTHORIZATION OF STUDENT FIELD TRIP

Destination and Purpose: Campolindo Senior Ball

Date of Trip: May 18, 2024 Departure Time: 5:00pm Return Time: 11:30pm

Method of Transportation: <u>Bus to and from Campolindo</u> Staff Sponsor: <u>Robyn Harrison</u>, <u>Associate Principal</u>

This form must be on file in the attendance office 72 hours prior to the trip. In no case will the student be permitted on the field trip if the form is not on file with the parent/guardian signature.

Student Name:	School:	Grade:	
Parent Name:	Signature:	Date:	
recognizes that the student's participation making the field trip or excursion shall be California for injury, accident, illness, or cataking out-of-state field trips or excursion excursions shall sign a statement waiving rules while on the trip including returning permission is granted by site administrate school and District rules throughout the catalogue at the parent/guardian(s) expense discuss field trip rules and safety with stufield trip authorization forms, as well as tr	an(s), by acknowledging this field trip auth in this field trip is strictly voluntary, not redeemed to have waived all claims again leath occurring during or by reason of the s and all parents or guardians of pupils to g such claims. Field Trip Regulations: 1. Sto school by the same form of transportator to return with parent/guardian. 2. Students of the field trip. 3. Students may be a field trip rules are not observed. 4. Spudents prior to the field trip. 5. Sponsors wansporting this information on the field trip mation on file with the District is current a	required attendance. All persons ast the District or the State of a field trip or excursion. All adults aking out-of-state field trips or Students shall obey all transportation attion as departure, unless prior written ents shall comply with all applicable a denied future field trips and be sent consors and adult chaperones will will be responsible for obtaining all ip.	
EME	ERGENCY MEDICAL INFORMATION	<b>I</b>	
Student's Name:	Date:		
School:	Grade:		
Parent/Guardian Name:	Parent Cell Phon	Parent Cell Phone:	
Name of Physician:	Physician Phone	:	
Name of Dentist:	Dentist Phone: _		
Medical Insurance Company:	Group/Coverage	Number:	
Allergic to the following:			
Taking the following medication(s):			

Special Instructions: I hereby give my consent to the Acalanes Union High School District to authorize any emergency medical treatment, including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care needed to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act.