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 below if applicable:
[This section applies only to Guests and Campo Seniors hosting a Guest (max1). Guest = not a Campo Senior]

☐ **I am a Campo student, BRINGING a guest who is NOT a Senior at Campo**

Guest Name:_____

Guest School & Grade:_____

☐ **I am a 1stYear/Soph/Junior Campo student and am the GUEST of a Campo Senior**

My Grade & Campo Senior Host:_____

☐ **I am NOT a student at Campo and am the GUEST of a Campo Senior**

My Campo Senior Host:_____

My School & Grade:_____

My School Administrator (Name & Title):_____

My School Administrator Signature: _____

******* ATTACH ADMINISTRATOR'S BUSINESS CARD TO THIS FORM *******

PARENT/GUARDIAN: As a parent/guardian of the student named above, I acknowledge that I have read the student expectations listed above. I am aware of the driving restrictions imposed on first-year drivers and will ensure that my child has legal transportation home after this event.

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.

[Complete BOTH sides]

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: Bus to and from Campolindo

Staff Sponsor: Robyn Harrison, Associate Principal

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:_____

PARENT APPROVAL: The parent/guardian(s), by acknowledging this field trip authorization, fully understands and recognizes that the student's participation in this field trip is strictly voluntary, not required attendance. All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims. Field Trip Regulations: 1. Students shall obey all transportation rules while on the trip including returning to school by the same form of transportation as departure, unless prior written permission is granted by site administrator to return with parent/guardian. 2. Students shall comply with all applicable school and District rules throughout the course of the field trip. 3. Students may be denied future field trips and be sent home, at the parent/guardian(s) expense, if field trip rules are not observed. 4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip. 5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as transporting this information on the field trip.
I certify that all Emergency Medical Information on file with the District is current as of the date of this trip.

EMERGENCY MEDICAL INFORMATION

Student's Name: _____ Date: _____

School: _____ Grade: _____

Parent/Guardian Name: _____ 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.

[Complete BOTH sides]