EL DORADO UNION HIGH SCHOOL DISTRICT

Parent/Guardian Instructional Trip Authorization and Emergency Procedure/Insurance Verification

(Students: Return this form to the Activity Sponsor when completed.)

STUDENT LAST NAME	FIRST NAME	SCHOOL **Ponderosa High School**	GRADE
ACTIVITY **Marching Band**		ACTIVITY SPONSOR **Madison Moulton**	
LOCATION **Props, Cops, Rodders Event @ Cameron Park** (3374 Mira Loma Drive, Cameron Park, CA 95682) **WBA Oakridge High School** (1120 Harvard Wy, El Dorado Hills, CA 95762) **NCBA Woodcreek High School** (2551 Woodcreek Oaks Blvd, Roseville, CA 95747) **District Marching Band Showcase at Union Mine HS** (6530 Koki Ln, El Dorado, CA 95623) **WBA West Park High School (**2401 Panther Pl, Roseville, CA 95747) **WBA Championships, Hughes Stadium** (3835 Freeport Blvd, Sacramento, CA 95822) **Placerville Christmas Parade** (2889 Broadway, Placerville, CA 95667)		DEPARTURE DATE/TIME **9/26** **10/17** **10/24** **11/4** **11/7** **11/14** **12/6**	
TYPE OF TRANSPORTATION **Bus & Carpool**		ANTICIPATED RETURN DATE/TIME **Same-day, TBD by Event Schedule**	

To Parent/Guardian:

1. Your son/daughter has an opportunity to participate with a group from this school on the activity indicated above. One or more teachers will accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted.

2. Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.

3. **It is the student's responsibility to communicate with each teacher about potential missed schoolwork**. A student absent due to school-sponsored activities may be required by a teacher to complete work before the absence including tests and quizzes.

4. A student attending a school sponsored activity is expected to notify their teachers of their planned absence **at least 48 hours in advance** and make arrangements to complete all missed assignments in a reasonable period of time. Advanced notice is required to ensure teachers and students have sufficient time to make arrangements.

5. It is highly recommended that a student shall have satisfactory attendance and be current in his/her academic work in order to participate in the trip.

6. A student **will not** be permitted to accompany the group unless this form is signed by the parent or guardian, such signature to signify parental approval **and** completion of the health insurance information (see reverse side).

I, as parent/guardian, understand that by permitting my son/daughter to participate in this trip, I have waived all claims against the District (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the trip. *(Education Code 35330)*

My signature below indicates that the above-named student has our permission to attend the field trip as outlined above and per the aforementioned conditions stated above.

_____ _____

Parent or Guardian Signature *Date*

PLEASE COMPLETE BOTH SIDES OF THIS FORM F6153-7 1/87; Revised 5/17/17 (doc)

To Student: While you are participating in school-related business, you are required to communicate and pre-arrange for make-up work in missed classes with all of your teachers. **48-hour notice is required.**

Teachers of said student: Please sign below to verify student/teacher contact prior to the field trip. Teacher signature indicates acknowledgement the student will be missing class.

PERIOD	TEACHER	COMMENT	PERIOD	TEACHER	COMMENT
0			4		
1			5		
2			6		
3			7		

Parent/Guardian Instruction Trip Authorization
Emergency Procedure/Insurance Verification
(continued)

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION

(I), (We), the undersigned parent or guardian of _____, a minor, do hereby authorize the EL DORADO UNION HIGH SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this school-sponsored trip.

Father or Guardian _____ Date _____

Home/Cell Phone _____ Business Phone _____

Mother or Guardian _____ Date _____

Home/Cell Phone _____ Business Phone _____

Allergic Reactions _____

Medical/Accident Insurance Company _____

Insurance Policy/Group No. _____

Family Physician _____ Phone _____

Special Instructions: _____

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Note: This form will be in the sponsor's possession throughout the trip.