

2018-2019 Reagan Educational Center Instrumental Music **Required Signatures for Participation**

Both sides of this form must be signed by the student & parent/guardian in order for the student to participate in the REC Instrumental Music Program. Please read the entire REC Instrumental Music Handbook before signing this form. The handbook is available on the website and has been emailed to all of our students and parents/guardians. Hard copies are available upon request.

Student Name (Print): _____

Handbook, Grading Policy, & Department Guidelines

I have read and understand the REC Instrumental Music Handbook, Grading Policy and Guidelines.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Code of Ethics

I have read and understood the Clovis Unified School District Code of Ethical Conduct (CUSD Policy # 2505). We agree to abide by the policies and related consequences while participating in interscholastic and co-curricular athletics/activities. I understand complete copies have been made available to me and are available upon request.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Code of Ethical Conduct and Expectations

We have read and agree to the policies stated in the Code of Ethics regarding the conduct of parents/guardians of REC students participating in co-curricular activities. We agree that these rules are important in helping our students become good citizens with a sense of moral integrity, a competitive spirit, and the ability to be honest and forthright in all endeavors. We agree to abide by these rules for co-curricular participation at the Reagan Educational Center.

Parent/Guardian Signature: _____ Date: _____

Field Trip Code of Conduct/Trip Rules & Guidelines

We have read and agree to the Clovis Unified School District/REC Instrumental Music Field Trip Code of Conduct and the REC Instrumental Music Trip Rules & Guidelines

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Permission for Student Participation In and Travel To Off-Campus Trips/Events

The above named student has my permission to attend all REC Instrumental Music Event for the entire 2016-2017 school year. I understand that school or district-hired bus or vans will transport my child to some REC Instrumental Music Events. I also understand that my student will need to provide their own transportation to some local concerts and events. I understand that all students going on school-sponsored trips will be responsible in conduct to the bus driver, to directors, to staff, and/or adult chaperones.

Parent/Guardian Signature: _____ Date: _____

REC Instrumental Music Website, Facebook, and Media – Release Statement

At times, the REC Instrumental Music Website mentions students’ names in positive articles supporting our instrumental music program. These websites may also posts pictures/videos of students in announcements, kudos’, etc. as a tool to publicly praise our performers. We may also record rehearsals for educational and professional development. I give permission to use my son’s/daughter’s name and picture on the REC Instrumental Music Website and other media forms.

Parent/Guardian Signature: _____ Date: _____

REC Instrumental Music Audition Policy

We have read and agree to the REC Instrumental Music Audition Policy (Handbook).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Permission to Text Message

_____ Yes - I will allow my son or daughter to receive and send text messages to/from the REC Instrumental Music Program. I understand that the REC Instrumental Music is not responsible for any text messaging fees billed to the student or family. I further agree that all text messages sent to directors/staff will be specifically related to the CEHS Instrumental Music Program.

_____ No - I do not want my son or daughter to send or receive any CEHS Instrumental Music text messages.

Parent/Guardian Signature: _____ Date: _____

Hospitality and Student Food Allergy Information

Hospitality will be serving meals to students on some trips, local festivals and concerts throughout the year. Please list any concerns or issues we need to know regarding hospitality/food for your student. If your student has any food allergies, dietary issues/needs, etc. please let us know. Thank you for your help!

Please list any student food allergies:

Please list any other dietary concerns/issues that we should be aware of:

Performer Pledge & Contract

I have read and accept the values of the REC Instrumental Music Program. I understand that the success of each ensemble within the program is dependent on the outstanding performance of every individual. As an individual member, I will commit myself to the highest levels of excellence possible for the duration of my time in the program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form completely signed & dated to the music room office Friday, August 31st, 2018.



PARTICIPATION IN VOLUNTARY FIELD TRIP
FORM 3204-1

CONSENT, ASSUMPTION OF RISK AND EMERGENCY MEDICAL AUTHORIZATION

(This form must be completed for participation in all field trips conducted by the CUSD)

The following voluntary field trip has been authorized by (school): Clovis East/Reyburn

Overnight Trip: [X] Yes [] No Out-of-State Trip: [X] Yes [] No

Specific Location: ALL RECIM 2018-19 TRIPS

Description of Field Trip: ALL RECIM 2018-19 TRIPS

Day(s)/Date(s): ALL RECIM TRIPS Departure: Varies AM/PM Return: Varies AM/PM

School Person in Charge: Band/Orch Directors Position: Band/Orch Directors

LUNCH

- [X] Student will be at school during lunch
[X] Participant should bring sack lunch/drink*
[X] Other See itinerary for details

METHOD OF TRANSPORTATION

- [X] Walking [] Private Vehicle
[X] School Bus [] Charter Bus
[] Airplane (commercial) [] Other

*See Authorization section

**Parent/Guardian Permission for Transporting Student in Private Vehicle is included.

A field trip fee (covering direct costs) in the amount of \$0 will be collected.

The participant may be exposed to the following high risk activities during this field trip/activity:

AUTHORIZATION: (Please return this form to the school person in charge listed above)

Participant Name:

- [X] Minor Student [] Adult Student [] Volunteer/Chaperone

I hereby authorize the above-named individual to participate in the field trip outlined above.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct.

- [X] I acknowledge that although the field trip may not be considered a high-risk activity, participants may be exposed to the high-risk activity(ies) listed above during this trip.
[X] Special instructions regarding emergency medical treatment for the above-named individual are on file in the school office. (Please refer to the Emergency Card located in the school office.)
[] *IF APPLICABLE: I need Campus Catering to provide a sack lunch for the above-named participant. (Students will be charged according to their status in the National School Lunch Program. Other participants will be charged the full amount.)
[] I wish to volunteer as a chaperone and understand that I must also complete Form 9212-1, Volunteer Application, and meet the requirements of Board Policy No. 9212.
[X] I have read and completed the waiver on Page 2.

Approval Signature (Parent or Guardian/Adult Student/Volunteer) Printed Name Date

Medical Insurance Carrier (i.e., Blue Cross, Kaiser): Policy Number:

Printed Name of Emergency Contact Relationship to Participant Phone Number

Other Phone Number Other Contact Person Phone Number

PARTICIPATION IN VOLUNTARY FIELD TRIP

FORM 3204-1 (continued)

WAIVER OF CLAIMS

All adults and adult students taking part in a field trip and all parents/guardians of minor students taking field trips are required to sign a statement waiving such claims.

Waiver by Parent/Guardian of Minor Student

I certify that I am the parent/guardian of the student identified below. As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Waiver by Adult Student

As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Printed Name: _____

Signature: _____ Date: _____

Medical Authorization and Waiver by Adult Accompanying Student on Trip (Volunteer/Chaperone)

As provided for in California Education Code Section 35330, I agree to waive all claims against the Clovis Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

In the event of illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant.

Special medical instructions, if any: _____

Printed Name: _____

Signature: _____ Date: _____

CLOVIS UNIFIED SCHOOL DISTRICT
Student Release Authorization

School				Student ID Number
Student Last Name	Student First Name	Student Middle Name	Teacher/Counselor	Grade
Residence Address	City	Zip	Date of Birth	<u>M / F</u> Gender
Mailing Address (If same, write "Same")	City	Zip	Home Phone	

I, the undersigned Parent / Legal Guardian, authorize my child's school to release my child to the following individuals. If contacted by the school, the reason for the student's release will be given to the individual.

Birth Parent/Legal Guardian Name (Please circle one) <u>Yes / No</u> (lives with)	Birth Parent/Legal Guardian Name (Please circle one) <u>Yes / No</u> (lives with)
Home Phone _____ Cell phone _____	Home Phone _____ Cell phone _____
Work Phone _____ Email Address _____	Work Phone _____ Email Address _____
3 rd Contact Name <u>Yes / No</u> (lives with)	4 th Contact Name <u>Yes / No</u> (lives with)
Relationship _____ Home Phone _____	Relationship _____ Home Phone _____
Cell Phone _____ Work Phone _____	Cell Phone _____ Work Phone _____
(See back for additional names)	

The signature on this card of the parent/guardian acknowledges receipt of Notice of Rights of Parents or Guardians of Minor Pupils pursuant to Education Code Section 48980; Board policies regarding Student Records and Sexual Harassment; and of letters regarding emergency procedures, asbestos management and pesticide products.

Parent /Legal Guardian Signature	Date
----------------------------------	------

FORM 11S REV. 3/2009 *Please notify the office with any changes that may occur during the school year.*

CLOVIS UNIFIED SCHOOL DISTRICT
Student Release Authorization

School				Student ID Number
Student Last Name	Student First Name	Student Middle Name	Teacher/Counselor	Grade
Residence Address	City	Zip	Date of Birth	<u>M / F</u> Gender
Mailing Address (If same, write "Same")	City	Zip	Home Phone	

I, the undersigned Parent / Legal Guardian, authorize my child's school to release my child to the following individuals. If contacted by the school, the reason for the student's release will be given to the individual.

Birth Parent/Legal Guardian Name (Please circle one) <u>Yes / No</u> (lives with)	Birth Parent/Legal Guardian Name (Please circle one) <u>Yes / No</u> (lives with)
Home Phone _____ Cell phone _____	Home Phone _____ Cell phone _____
Work Phone _____ Email Address _____	Work Phone _____ Email Address _____
3 rd Contact Name <u>Yes / No</u> (lives with)	4 th Contact Name <u>Yes / No</u> (lives with)
Relationship _____ Home Phone _____	Relationship _____ Home Phone _____
Cell Phone _____ Work Phone _____	Cell Phone _____ Work Phone _____
(See back for additional names)	

The signature on this card of the parent/guardian acknowledges receipt of Notice of Rights of Parents or Guardians of Minor Pupils pursuant to Education Code Section 48980; Board policies regarding Student Records and Sexual Harassment; and of letters regarding emergency procedures, asbestos management and pesticide products.

Parent /Legal Guardian Signature	Date
----------------------------------	------

FORM 11S REV. 3/2009 *Please notify the office with any changes that may occur during the school year.*

Student Name _____

_____		_____	
5th Contact Name		6th Contact Name	
_____	_____	_____	_____
Relationship	Home Phone	Relationship	Home Phone
_____	_____	_____	_____
Cell Phone	Work Phone	Cell Phone	Work Phone

_____		_____	
7th Contact Name		8th Contact Name	
_____	_____	_____	_____
Relationship	Home Phone	Relationship	Home Phone
_____	_____	_____	_____
Cell Phone	Work Phone	Cell Phone	Work Phone

Student Name _____

_____		_____	
5th Contact Name		6th Contact Name	
_____	_____	_____	_____
Relationship	Home Phone	Relationship	Home Phone
_____	_____	_____	_____
Cell Phone	Work Phone	Cell Phone	Work Phone

_____		_____	
7th Contact Name		8th Contact Name	
_____	_____	_____	_____
Relationship	Home Phone	Relationship	Home Phone
_____	_____	_____	_____
Cell Phone	Work Phone	Cell Phone	Work Phone

INSTRUMENTAL MUSIC EMERGENCY CARD – REAGAN EDUCATIONAL CENTER

Please Print

Student Name: _____ Instrument: _____

Male Female Student Birthdate: _____ Student Cell Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Co.: _____ Phone: _____

Insurance Co. Address: _____

Policy # _____ Group # _____ Insured's Name: _____

Please list any medical or health conditions? _____

Is student allergic to any medications? Please list: _____

Any other allergies? Please list: _____

Currently taking any medication? _____

Inhaler w/ Nurse or w/ student, if so where? _____

Contact Lens? Y N Eyeglasses? Y N Rescue Inhaler? Y N Date of Last Tetanus Booster: _____

Persons to contact in case of emergency:

1. _____ Relationship to Student _____
Phone # _____ Secondary # _____
2. _____ Relationship to Student _____
Phone # _____ Secondary # _____
3. _____ Relationship to Student _____
Phone # _____ Secondary # _____
4. _____ Relationship to Student _____
Phone # _____ Secondary # _____

My son/daughter has permission to participate in instrumental music at the Reagan Education Center and to travel with his/her ensemble(s) for performances and competitions. Should it be necessary for my child to have medical treatment while participating in instrumental music, or on a trip, and if the District is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my child. **I understand that my child must have medical insurance that provides at least \$1,500.00 accidental injury coverage.**

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(Signature REQUIRED)

Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.

Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

Please turn over and complete the back.

**CONTINUING MEDICATION REGIMEN FOR NONEPISODIC CONDITION: REQUIRED NOTICE TO SCHOOL EMPLOYEES
(Ed. code 49480)**

The parent or legal guardian of any public school pupil on a continuing regimen for a nonepisodic condition, shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE FILL OUT THIS SECTION

My child _____ is taking _____
Name of Child Name of Drug Dosage

ordered by _____
Name of Supervising Physician Telephone Number

The school nurse may confer with the doctor and notify school personnel regarding the child's condition and the effects of this medication when necessary.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of _____, a minor, hereby authorizes the principal or designee into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given pursuant of the provisions of Section 6910 of the California Family code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Clovis Unified School District, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that Clovis Unified School District does not provide medical or accident insurance for students for school related injuries. I have received and read the student accident insurance information sent home for my child.

I authorize the release of medical information by the school district to its billing agency and to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only. YES NO

Family Physician: _____ Telephone _____

Health Insurance/MEDI-CAL: _____

Group/Policy No./MEDI-CAL ID No.: _____

PLEASE CHECK ONE: My child is currently insured. I will insure my child. I choose not to insure my child.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.

Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.