

*Use black or blue ink only*

**EMERGENCY PROCEDURE FORM**

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First MI Current Grade Birth Date*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell/Pager # ( ) \_\_\_\_\_

Parent/Guardian (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 Parent/Guardian at \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Place of employment)
2. Contact Parent/Guardian 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 student 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/guardian'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/guardian and physician signatures.

**Special Medical Problems (or medications)** \_\_\_\_\_

# 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

CURRENT SCHOOL YEAR JUNE-JULY

## School Activity/Sport

## Date(s) or SCHOOL YEAR

I fully understand that my student 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 student 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 student'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 student. 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 this child 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 a parent/guardian of the child who plans to participate. Please read carefully the following affidavit, and if, and only if, you presently have the required insurance coverage for this child, sign the affidavit. The affidavit may be signed if this child 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 this child 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.**  
**Current School Year June - July**

**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

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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.”

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*PLEASE PRINT student name*

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*Signature of Student*

*Date*

**PARENTS/GUARDIAN**

I have read the above Student Agreement and have discussed it with the child 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.”

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*Signature of Parent/Guardian*

*Date*

**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 (Enter Years Here) June  to July   
Current Year Next Summer

By my signature below, I hereby give permission as the parent/guardian of this child 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) DATE

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

# **UPLAND HIGH SCHOOL CHORAL MUSIC PROGRAM**

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## Statement of Responsibility /Code of Conduct

Student's Name: \_\_\_\_\_  
*Please Print*

*I, the parent/guardian of the student listed above, acknowledge the rules and regulations that have been set forth in the Choral Music Program Director's Syllabus.. I further understand that all rules and regulations will be strictly enforced and any infractions will be dealt with by the Director.*

Parent/Guardian Name: \_\_\_\_\_  
*Please Print*

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
*Date*

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*I, the student listed above, acknowledge the rules and regulations that have been set forth in the Choral Music Program Director's Syllabus. I further understand that all rules and regulations will be strictly enforced and any infractions will be dealt with by the Director.*

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
*Date*