

GLENDORA UNIFIED SCHOOL DISTRICT • EMERGENCY INFORMATION CARD

- Extended Day Care
- Interdistrict Intradistrict

Female

Male

 Last Name First Name Grade () Home Telephone Date of Birth

 Home Address City Zip Parent's E-mail Address

()
 Student's Cell Number

Name (required) and Address (if different)	Place of Employment	Hours	Phone
Father			Cell () Work ()
Mother			Cell () Work ()
Step-Parent/Guardian/ Caregiver			Cell () Work ()

Student lives with: Mother Father Step-Mother Step-Father Guardian Caregiver Other _____

Person to call if parents/guardian cannot be reached: (Please name two persons who are usually available.)

 Name Friend Sitter Relative Address () Phone work/home/cell

 Name Friend Sitter Relative Address () Phone work/home/cell

Special Medical Information: Please list or explain any medical problems, allergies, or medications needed: _____

Notification to Parents/Guardians/Students Rights and Parental Notification Requirements have been received. Yes No

SIGN HERE

SIGN HERE

 Signature of Father or Guardian Date Signature of Mother or Guardian Date

PARENT APPROVAL OF EMERGENCY PROCEDURES

When the responsible adult decides my minor child needs emergency medical treatment, he/she will make reasonable attempts to contact me. I give this authorization in advance so when I cannot be reached, he/she will have the power to give approval for necessary medical attention recommended by a licensed physician or surgeon. Neither agents nor organizations will assume financial responsibility for this action.

In emergency situations where I cannot be reached, I hereby authorize the responsible adult to follow the procedures listed below (pursuant to Section 25.8 of CAC):

1. To make reasonable attempts to contact my named agents.
2. When agents cannot be contacted, the principal to act in my behalf to contact hospital emergency personnel for transportation to the nearest available hospital.
3. To be my agent to give consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is felt necessary for the life or well-being of my child by any licensed physician or surgeon.

Student's Regular Doctor: _____ Phone: () _____

Religious limitations: _____

Also, I have received and read the notice regarding my rights (Form #773.3/.b) relating to the subjects described in Sections 48205, 48980, 48981, 49403, 49423, 49451, 49472, 49480, 51240, 51550, and 58501 of the Education Code, as well as in Section 40 – Educational Amendments of 1971, Title IX, Section 504 and IDEA included in the attached.

SIGN HERE

 Signature of Parent or Guardian Date

**GLENDORA UNIFIED SCHOOL DISTRICT
FIELD TRIP AUTHORIZATION FORM**

STUDENT'S LAST NAME FIRST NAME SCHOOL TEACHER RM# GRADE

Dear Parent/Guardian,

Your child may have an opportunity to participate in field trips during the school year. Parent authorization is required for transportation and medical emergencies. These authorizations will be valid for each trip during the school year. Details of specific field trips (date, time, place, etc.) will be sent home prior to each trip. These authorizations are valid for the current school year unless withdrawn in writing by the parent.

As a condition of participation, you are requested to sign the following authorizations:

TRANSPORTATION AUTHORIZATION

Education Code Section 35350 prohibits a school district from transporting any student without the written permission of the parent or guardian except in instances of emergency arising from illness or accident to the student. On field trips, it is anticipated that transportation will be provided by vehicles owned by the school district, chartered vehicles, or privately owned vehicles.

I hereby consent to the District providing transportation as set forth above.



SIGNATURE OF PARENT/GUARDIAN/STEP-PARENT/CAREGIVER

DATE

MEDICAL AUTHORIZATION

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 are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services.

I further agree not to hold liable the Glendora Unified School District, its officers or employees or agents for any such medical or health care services provided and to reimburse the Glendora Unified School District for such medical or other health care expenses incurred in my child's care.

1. Please identify all medications used by your child on a regular basis: _____
2. If your child has any special medical problem, please describe the problem: _____

This authorization is provided pursuant to Section 25.8 of the Civil Code of California.

MOTHER'S NAME

PHONE ()
(HOME/PAGER/CELL)

()
WORK

FATHERS NAME

PHONE ()
(HOME/PAGER/CELL)

()
WORK

STUDENTS DATE OF BIRTH

HEALTH INSURANCE CO. AND POLICY NO.



SIGNATURE OF PARENT/GUARDIAN/STEP-PARENT/CAREGIVER

DATE

TARTAN BAND OVER-THE-COUNTER AUTHORIZATION, DISCIPLINE, LIABILITY & MEDICAL RELEASE FORM

(Please Print Clearly)

Student's Full Name: _____

Grade: _____

Address: _____

Unit: _____

City: _____ State: _____ Zip: _____

Section: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____

Name of Parents/Legal Guardians: _____

Daytime Phone: _____

Evening Phone: _____

Health Insurance Company: _____

Policy Number: _____

List known allergies and/or existing medical conditions: _____

List medications and dosage currently taking: _____

Please indicate all Over-the-Counter Medications that you authorize your student to receive:

Ibuprofen (Advil) Acetaminophen (Tylenol) Pepto Bismol Benadryl Cough Drops Throat Spray

Other: _____

Almost all medications provided will be Generic.

The undersigned gives the GHS Band & Pageantry and its formal chaperone agent authorization to disperse the above-mentioned over-the-counter (OTC) medications as needed.

Further, the undersigned does authorize GHS Band & Pageantry and its formal chaperone agent, whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a *LICENSED* hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for your child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Further, the undersigned does also release and hereby agree to hold blameless the GHS Band & Pageantry Boosters and/or its agents from any and every claim arising, or which may be asserted by you or any member of your family by reason of participating in the GHS Band & Pageantry program.

The child identified on this form understands that all students are expected to abide by the program policies, school policies, and are under the direction of the director(s) of the GHS Band & Pageantry. The director assumes all responsibility for all discipline during the program and if because of misconduct or disobedience, a student is required to leave an event, the undersigned will assume full responsibility for returning the student home. Further, the undersigned also gives authorization for photos and videos taken during any performance/competition for publication in newsletters and/or intranet site.

My consent and signature are given below, which confirms that I have read and agree to all the above information.

SIGN HERE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

SIGN HERE

SIGNATURE OF STUDENT

DATE

PARENT VOLUNTEERS

Throughout the school year, there will be many opportunities to volunteer for the GHS Band & Pageantry program. As a Parent Booster, we encourage you to register with the Glendora Unified School District as a volunteer. Registering does not mean that you will need to volunteer for every event/activity, but you do need to register if you want to volunteer.

Below are the volunteer level descriptions and requirements for each level.

LEVEL 1: Event/Activity Volunteers (infrequent/not prolonged student interaction)

Examples of LEVEL 1 Volunteer support: Helping with street practice and passing out water to students (football games, competitions, parades, and street practice).

- a. Completed volunteer application (needs to be renewed annually from the initial application date)
- b. Provide a copy of your current California Driver's License or ID.

LEVEL 2: On-Site Volunteers (frequent student interaction)

Examples of LEVEL 2 Volunteer support: Bus chaperone, helping at an all-day event (parade and field competition), and escorting students to the restroom.

- a. Completed volunteer application (needs to be renewed annually from the initial application date)
- b. Provide a copy of your current California Driver's License or ID.
- c. Provide a negative TB skin test (good for 4 years).

LEVEL 3: Coaches and Chaperones who supervise students for Frequent Activities and Overnight Events

Examples of LEVEL 3 Volunteer support: DC Trip or other overnight events.

- a. Completed volunteer application (needs to be renewed annually from the initial application date)
- b. Provide a copy of your current California Driver's License or ID.
- c. Provide a negative TB skin test (good for 4 years).
- d. Must be over 21 years of age.
- e. Fingerprint and County Livescan (fees apply).

The GUSD Volunteer Application process is now completed online. Scan the QR code below to access the application. Please have all required documents ready to upload before beginning the application. Applications can take up to 10 business days to be approved.



GHS Band Boosters | Head Chaperones Contact Information:

BAND: Regina Rosedale
(626) 840-1003

PAGEANTRY: Marlene Govea
(626) 588-7076