

CONCERT FESTIVALS

Due Mon, 3/11

Fri, 3/22 - Garden Grove HS

BREA OLINDA UNIFIED SCHOOL DISTRICT

Sat, 4/10 - Music in the Parks

ACTIVITIES EMERGENCY CARD/OFF CAMPUS TRIP PERMISSION FORM

STUDENT NAME: _____ M _____ F _____

HOME ADDRESS: _____ HOME TELEPHONE: () _____

FATHER'S NAME: _____ WORK PHONE or CELL PHONE: () _____

MOTHER'S NAME: _____ WORK PHONE or CELL PHONE: () _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

EMERGENCY NUMBER: In absence of parent, please call (in case of illness or accident):

PARENT EMAIL ADDRESS: _____

NEIGHBOR/RELATIVE: _____ TELEPHONE: () _____

DOES STUDENT HAVE ANY INJURY OR PHYSICAL CONDITION THAT SHOULD CONSIDERED? Yes _____ No _____

If yes, please explain: _____

TREATMENT CONSENT: In the event my student becomes ill or is injured, I authorize you to have the student treated and I authorize the medical agency to render treatment. In addition, I am aware of Ed Code 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 or by reason of the trip or excursion.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

NOTE TO PARENTS: Students riding the school bus to an activity are expected to return by bus. Any deviation from this rule must be approved by the parent and sponsoring teacher prior to the event. Although most transportation is done by bus, some events and groups require the use of private cars. The school district does not carry medical or dental insurance for students injured on school premises, while under school jurisdiction, or while participating in school district activities.

REGULAR ACTIVITY OR NATURE OF TRIP: (Explain) Concert Festivals - students perform for judges and receive a rating and constructive criticism.

DESTINATION Fri, 3/22 - Garden Grove High School; Sat, 4/10 - Valencia HS and Disneyland

METHOD OF TRANSPORTATION MAY INCLUDE:

District Bus
Commercial Charter _____
Other _____

Private Vehicle Driven by Parent _____
Private Vehicle Driven by Student _____
Private Vehicle Driven by Teacher _____

FACULTY MEMBER IN CHARGE OR SIGNATURE OF SCHOOL OFFICIAL: Glenda Bartell All BTU

DRIVERS ONLY
VERIFICATION OF LIABILITY AND MEDICAL INSURANCE

The Brea Olinda Unified School District requires a minimum of \$100,000 liability per person with \$300,000 per occurrence for any privately owned vehicle used to transport students on off-campus trips.
PLEASE ATTACH A CURRENT COPY OF YOUR AUTOMOBILE INSURANCE POLICY VERIFYING THESE LIMITS.

I certify that in order to transport students on field trips in my private vehicle, I do have in force an automobile liability and medical policy. I also understand that in the event of an accident while transporting students, I have first liability.

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Your Insurance Company's Name _____ Policy Number _____

Signature of Driver _____ Date _____

Signature of Owner _____ Date _____