



Field Trip Permission & District School Related Activities Consent Form

Student's Name: _____ School: _____

Description of Activity/Location: All Instrumental Music Activities

Parent or Guardian's Name: _____ Home/Cell Number: _____

Home Address: _____

Emergency Contact Name: _____ Home/Cell Number: _____

Date of Activity: _____ Depart: _____ am/pm Return: _____ am/pm

Lunch (please check one): School Year

- Student will be at school during lunch
 Please provide my student with a Field Trip lunch
 I will pack my child's lunch

Method of Transportation:

- Walking Other _____
 Charter/School Bus
 Parent responsible for transportation

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follow:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and it's officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

MEDICAL AUTHORIZATION

3. Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

Date

Signature of Parent/Guardian

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT OR SPECIAL DIET ARE ON FILE WITH THE SCHOOL SITE AND NUTRITION SERVICES BRANCH. ALLERGY ALERT: FIELD TRIP LUNCHES MAY CONTAIN PEANUTS AND/OR OTHER ALLERGENS. CONTACT NUTRITION SERVICES BRANCH AT 562-427-7923, ASK TO SPEAK TO A CHILD NUTRITION SPECIALIST FOR QUESTIONS OR ASSISTANCE.



Permiso para Participar en una Excursión y Otras Actividades
Relacionadas con el Distrito Escolar
La Forma de Consentimiento

Nombre del Estudiante: _____ Escuela: _____

Descripción de la Actividad/Ubicación: All Instrumental Music Activities

Nombre del Padre/Guardián: _____ Teléfono/Celular: _____

Domicilio del Estudiante: _____

Nombre del Contacto de Emergencia: _____ Teléfono/Celular: _____

Fecha de la Actividad: _____ Salida: _____ am/pm Regreso: _____ am/pm

Almuerzo (marque uno): school year

El estudiante estará en la escuela durante el almuerzo

Por favor proporcione a mi estudiante con el almuerzo escolar

Empacaré el almuerzo de mi estudiante

Método de Transportación:

Caminando Otro _____

Autobús escolar o Alquilado

Padre/guardián será responsable con el transporte

Pido que mi hijo/a sea permitido participar en la excursión descrita arriba. En consideración de que sea permitido participar estoy/estamos de acuerdo con lo siguiente:

1. Declaro que dicha actividad, bajo ciertas circunstancias, puede ser peligrosa y que a mi hijo/a no le requiere participar para darle nota. Pido expresamente que mi hijo/a participe voluntariamente en esta actividad.
2. Entiendo y declaro de acuerdo al Código de Educación 35330, que cedo y eximo de cualquier obligación al Distrito Escolar Unificado de Long Beach, a la Junta de Educación y a sus oficiales, empleados de agentes de toda responsabilidad legal, reclamos, perdida, costos, o gastos que se presenten o que puedan atribuirse a la actividad mencionada arriba.

AUTORIZACIÓN MÉDICA

3. Si mi hijo/a necesita tener tratamiento médico mientras participa en esta actividad, doy permiso al personal del distrito escolar de usar su juicio en obtener servicios médicos para mi hijo/a y doy permiso al médico seleccionado por el distrito para determinar tratamiento médico apropiado. Comprendo que el distrito no tiene a seguridad para cubrir los gastos médicos y hospitalarios de mi hijo/a y por lo tanto cualquier costo incurrido por dicho tratamiento será de mi exclusiva responsabilidad.

Según entiendo, mi hijo/a no tiene ninguna condición física que interfiera con su capacidad de participar o asistir a esta actividad o que ponga en peligro su salud o de cualquier otro estudiante.

Fecha

Firma del Padre/Guardián



MARQUE AQUI SI LAS INSTRUCCIONES ESPECIALES SOBRE EL TRATAMIENTO MEDICO O DIETA ESPECIAL ESTAN ARCHIVADAS EN LAS OFICINAS DE LA ESCUELA Y EL SERVICIO DE NUTRICIÓN. ALERTA DE ALERGIA: LOS ALMUERZOS DE LA EXCURSION PUEDEN CONTENER MANI Y/O OTROS ALERGENOS. COMUNIQUESE CON LA OFICINA DEL SERVICIO DE NUTRICION AL 562-427-7923 PIDA HABLAR CON UN ESPECIALISTA EN NUTRICION INFANTIL SI NECESITAN ASISTENCIA O TENGA PREGUNTAS.



1515 Hughes Way, Long Beach, California 90810 • (562) 997-8000

_____ High School

Athlete's Emergency Information

Sport: _____ Birthdate: _____
Name: _____ Sex: M F Age: ____ Grade: ____
Address: _____ City: _____ Zip: _____
Parent's Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact (other than parent): Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Insurance: _____ Policy/Member#: _____ Doctor: _____
Phone: _____
Circle any of the following that apply: Diabetes Seizures Asthma Heart Condition
List Allergies: _____ Any medications currently being
taken: _____
Any allergies to medications: _____

In case of serious injury requiring immediate attention, school district employees are authorized to give first aid and obtain treatment or emergency hospital care.

Signature of Parent or Guardian: _____ Date: _____



LONG BEACH UNIFIED SCHOOL DISTRICT ATHLETIC INSURANCE CERTIFICATE

School _____

Pupil's Name _____ (Last) _____ (First) _____ (M.I.)

I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance which provides the following:

- (1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts (Ed Code 32221):
 - (a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
 - (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
 - (c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses.
- (2) I hereby agree that this policy shall not be cancelable without at least 10 day prior written notice to the district.

"Insurance protection in any of the above amounts shall be provided through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof to or while such members being transported by or under the sponsorship or arrangements of the school district or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Division of Industrial Relations of the State of California, effective October 1, 1966." (Ed Code 32221)

I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements.

Insurance Company _____ Policy/Group No. _____ Expiration date _____

Executed at _____ California on _____, 20 _____

Signature of parent: _____
Education Code Sections 32220-32224



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APPLICATION FOR PARTICIPATION

(School)

2022 SUMMER ATHLETIC / SPIRIT PROGRAM (Sport)

Athlete Name: _____

Address: _____

City and Zip: _____

Home Phone: _____

Starting Date of Program: _____

Ending Date of Program: _____

1. I hereby apply to participate in the _____(sport) High School Summer Sports Program sponsored by _____School.
2. My child is officially enrolled at the school in which he/she is participating in the summer sports program.
3. I understand that I may only participate upon approval of the HS Summer Sports Program coach assigned to this program. I also understand that I may be withdrawn or dropped from participation in the program at any time by the coach.
4. I agree to abide by all of the rules of the HS Summer Sports Program, to follow the directions of the coaching staff, and to abide by all of the rules of the Long Beach Unified School District and the directions of its administrators and employees.
5. I understand that participation in athletic activities can be dangerous and may be hazardous. I understand that injury, possibly resulting in death, may result from such activities, and I knowingly assume the risk of my participation in such activities.
6. All student-athletes must show proof of medical, accident and death insurance. Meyers- Stevens Insurance Company will provide an alternative for those students who are not covered by their parents. Either way, all students must be covered by personal medical insurance in order to participate. (please see attached).

I agree to conduct my participation in a way which best ensures my own safety and the safety of my fellow participants and staff.

I further agree to hold harmless and indemnify the Long Beach Unified School District, its officers, agents, and employees, and the coaching staff from any and all losses, liability, judgments, costs, or expenses arising out of my participation in this program and acknowledge the inherent risks involved with participating in sports.

Print/Type Applicant's Name

Applicant's Signature

Date of Signature

(Sports Team)

By: _____

(Print/Type Name of Coach)

(Date)

Notice: Parents/guardians are advised to seek regular medical examinations of their son's/daughter's/ward's medical ability to participate in athletic activities. Your signature(s) below verify that you have obtained all necessary and appropriate medical examinations and have determined that your youngster is able to participate without restrictions in the summer Sports Program activities.

I/We are the parent(s)/legal guardian(s) of the above-named applicant for participation in this sports program and I/we have read and understand this application, and agree, as a condition of submitting this application to be equally bound by its terms. Additionally, in consideration of permitting my/our son/daughter/ward to participate, and with the understanding that this is a potentially hazardous activity, I/we agree to hold harmless and indemnify the Long Beach Unified School District, its officers, agents, and employees; and the staff from any and all losses, liabilities, judgments, costs, or expenses arising out of the participation of my/our son/daughter/ward in this program.

Print/Type Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

(Date)

Print Name of Additional (if any) Parent/Legal Guardian

Signature

(Date)

Medical Information Form

To be completed by all Music Students:

If you do not take any medication(s) and/or have any medical or psychological conditions, please write in the space below

Not Applicable or **N/A**.

Student Name: _____ Grade: _____

Parent(s) Name: _____

Emergency Contact Phone Numbers:

Medication(s) - Please list the medication, dosage, and any other information you feel is important to share with the music directors.
