



**COMPLETE, PRINT & RETURN THIS FORM**  
**SANTA MONICA HIGH SCHOOL BANDS**  
**OFF-CAMPUS ACTIVITY FORM**

Dear Parents,

Your son/daughter is scheduled to participate in special Music Department off-campus activities, approved by the School District and supervised by parents and school personnel.

- All trips will be calendared with the school. Students will receive calendars and notices to take home regarding each trip. All trips will occur between June 1, 2018 and July 1, 2019.
- All trips will be made by walking, school bus, chartered motor coaches or vans driven by District-approved drivers. Local performances (within the City of Santa Monica) may require parent drop-off and pick-up at designated locations.
- Please sign below to give permission for your son/daughter to participate in these activities.

**Santa Monica-Malibu Unified School District**  
**Off-Campus Activity Permission Form**

I, the undersigned, understand that my son/daughter is to accept all rules and requirements governing conduct during off-campus activities. These rules and requirements are distributed each year to all students at the beginning of the school year and to new students upon enrollment.

Pursuant to Education Code 35330, I hereby release the Santa Monica-Malibu Unified School District from all liability arising out of or in connection with all regularly calendared music field trips from any cause other than the negligence of the District or its personnel.

I give permission for \_\_\_\_\_ to participate in all regularly calendared  
STUDENT NAME  
Santa Monica High School Music Department trips/activities between June 1, 2018 and July 1, 2019.

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Phone (best # to reach) \_\_\_\_\_

**Photo/Video Release:** I hereby grant permission to the Santa Monica-Malibu Unified School District (SMMUSD) and to the Santa Monica Band Parents Association (SMAPA-Samohi Bands) to use freely, without compensation, photographs and video, taken by designated Band photographers, of the student named above while performing as a member of any of the Santa Monica High School Bands or Color Guard. Use of the photographs and video is strictly limited to display on the Samohi Bands website [www.samohiband.com](http://www.samohiband.com), the SMMUSD Visual & Performing Arts website, and in other media produced or authorized by Santa Monica High School (Concert Band programs, the Samohi yearbook, corporate donor websites, etc.). To protect everyone's privacy, no names (other than those of the instructors) will be posted on the Band website or used without prior permission.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed/Type Name of Parent/Guardian completing this form \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Denotes understanding of policy)

**COMPLETE, PRINT & RETURN THIS FORM**  
**SANTA MONICA HIGH SCHOOL STUDENT EMERGENCY CARD**

Please complete all parts of this form and sign below. If your child becomes ill or is injured while on this school-approved trip, it is important that information on this card is accurate and complete. Information will be kept confidential.

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Male  Female ID# \_\_\_\_\_ Grade    9    10    11    12 \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

NAME of Parent or guardian completing this form \_\_\_\_\_

Parent #1 WORK Phone \_\_\_\_\_

Parent #1 CELL Phone \_\_\_\_\_

NAME of Parent or guardian #2 \_\_\_\_\_

Parent #2 WORK Phone \_\_\_\_\_

Parent #2 CELL Phone \_\_\_\_\_

STUDENT LIVES WITH:  Mother  Father  Both  Joint Custody

NAME of Health Insurance Carrier \_\_\_\_\_ Subscriber Name & ID \_\_\_\_\_

Group # \_\_\_\_\_ Telephone Number \_\_\_\_\_ MediCal# \_\_\_\_\_

Identify any health problems that your child has or may experience while away:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LAST TETANUS BOOSTER (month & year): \_\_\_\_\_ LAST MEDICAL EXAM (month & year): \_\_\_\_\_

AUTHORIZATION FOR MEDICATION – Medication will not be given without your signature. If left blank or crossed out, medication will NOT be made available to your child.

I hereby request and authorize the Chaperones to make available the following medication(s) as directed by the SMMUSD physician consultant:

Medication (cross out if you do NOT want given)	Dose	Frequency	Parent Signature - Required
Acetaminophen (Tylenol) 325mg tablet	1 tablet if student weighs less than 100 pounds 2 tablets if student weighs more than 100 pounds	By mouth Every 4-6 hours	<input checked="" type="checkbox"/>
Ibuprofen (Motrin, Advil) 200mg tablet			<input checked="" type="checkbox"/>
Diphenhydramine (Benadryl) 25mg tablet	As needed for students ≥ 12 years of age: 1-2 tablets, not to exceed 300mg/24 hours		<input checked="" type="checkbox"/>

**ALLERGIES:** Describe completely any allergies and/or reactions your child may have to any FOOD or MEDICATIONS. IF YOUR CHILD HAS ANY LIFE-THREATENING REACTIONS, please make sure instructions are included and treatment described (use additional pages, if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

IN THE EVENT OF A MEDICAL EMERGENCY, if I cannot be reached, I hereby give consent for my child to be transported to an Emergency facility and to receive necessary medical attention from a licensed physician, practitioner or dentist.

SIGNATURE of parent/guardian completing this form \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACTS: If you cannot be reached, the school is authorized to release your child ONLY to the persons listed below. Please supply the names of AT LEAST 2 persons who will know how to reach you in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone - best number(s) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_