### Medical Release

### Student: \_\_\_\_\_

Dear Parents/Guardians:

It will be to everyone's advantage if you will make a complete and frank statement of your child's health. Include anything which will require special attention as well as a list of drugs (including aspirin) to which he/she may be allergic or should not be given.

Please note age of occurrence:

Food Allergies		
Drug Allergies		
Appendicitis	Hay Fever	Heart Condition
Asthma	Back, Neck, or Joint Problem	Fainting
Chronic Cough	Mononucleosis	Motion Sickness
Rheumatic Fever	Diabetes	Epilepsy/Seizures
Ear Infection	Pneumonia	RIP
Other		PLEASE DETURN
Is the student taking any me	edication regularly or periodically?	THE TELOKA
Please list type of drug and	dosage:	

The UNDERSIGNED parent/legal guardian of \_\_\_\_\_\_\_, a minor, hereby authorizes the Music Director, Staff, Authorized Chaperons, and/or Medical Emergency Specialists, to consent to any and all medical treatment to be rendered to said minor under the supervision and upon advice of a physician, surgeon, or dentist (licensed under the provision of a State Medical Dental Practice Act). This authorization shall remain effective until June 15, 2019 or sooner if revoked by the undersigned in a written submission to the Music Director and Valhalla HS Administration.

This health history is correct as far as I know. The student herein descripted has permission to take part in an of th Music Program sponsored activities/trips for these activities. I hereby agree, intending to be legally bound, for myself and the above-named student, to indemnify and hold harmless the Grossmont Union High School District, VHS High School and their officials in the event of injury to person or property in connection to or with participation in the field trips, including any such injury resulting from VHS or GHSD alleged or actual negligent act or omission, regardless of whether such act of omission is passive. In the vent my student becomes ill or is injured in this school-sponsored activity, the school's representative is authorized and has my consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and rendered under the supervision of a physician licensed under the Medical Practice Act.

This provides authority pursuant of Section 25.8 of the California Civil Code. However, the doctor named above should be called if possible in the case of an injury to the student.

Name Parent/Guardian(print)	Phone#	
Mailing Address		
Emergency Contact (Name & Phone#)		
Student Birthdate	_ Insurance Co	
Family Physician Name		Phone#
Parent/Guardian Signature		Date

# Permission to give Over-the-Counter Medications

#### Student:

If I should become necessary, I hereby give permission to the first-aider(s)/safety chair to administer the following nonprescription medications

Acetaminophen/Tylenol Yes No	o Other:	for the second sec	
Ibuprofen Yes No Other:			
Naproxen/Aleve Yes No Other:		PIEACE DES	
Benadryl Yes No Other:		LEASE KETIIRN	
Other (please list) Yes No O	Dther:		
My student will bring the following n	nedications:		
Medication:	Instructions:		

Parent/Guardian Signature\_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_

# Photo Policy and Waiver

Please be advised that all participants involved with RSDMF are subject to being photographed and/or videotaped. Such images and /or voice may be used by RSDMF for the purposes of marketing to include, but not limited to, the RSDMF website, social media, promotional videos, and print materials and without obligation to provide compensation to those photographed. By signing, I give my permission to release RSDMF from any liability resulting from or connected with the publication of such. This permission covers all written, video, social media, and electronic publishing media and is a non-vesting agreement with no statute of limitations.

Student Signature\_\_\_\_\_

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

### Parent Code of Conduct

Rancho San Diego Music Foundation's ("RSDMF") mission is to aid, promote, and sustain Valhalla High School's Instrumental Music and Color Guard programs. Participation in the organization's programs is subject to the observance of the organization's rules and procedures. The activities outlined below are strictly prohibited. Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer, another participant or student.
- Possession or use of alcoholic beverages or illegal drugs at RSDMF sponsored events or reporting to the program while under the influence of drugs or alcohol.
- Bringing onto school sponsored events, dangerous/unauthorized materials such as explosives, firearms, weapons or similar √ items.
- Discourtesy or rudeness to a fellow participant, staff member, volunteer or student.  $\checkmark$
- Verbal, physical or visual harassment of another participant, staff member, volunteer or student.  $\checkmark$
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others. √
- Failure to follow any policies or procedures. √
- Bullying or taking unfair advantage of any participant, volunteer or student. Failing to cooperate with an RSDMF Board ✓ Member or school official.

I have read and understand RSDMF's Code of Conduct and agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.