Acalanes Union High School District
PARENT AUTHORIZATION OF STUDENT FIELD TRIP

This form must be on file in the attendance office 72 hours prior to trip. In no case will the student be permitted on the field trip if the form is not on file with the parent/guardian signature.

School: Acalanes High School

Student Name: _____ Grade: _____

Destination and Purpose: See Attached Sheet: AHS - Instrumental Music Activities

Date of Trip: ***See Attached*** Departure Time: ***See Attached*** Return Time: ***See Attached***

Method of Transportation: ***See Attached*** Staff Sponsor: **Edwin Cordoba**

Period of Absence: ***See Attached Sheet***

Period	1	2	3	4	5	6	7

PARENT APPROVAL

The parent/guardian(s), by acknowledging this field trip authorization, fully understands and recognizes that the student's participation in this field trip is **strictly voluntary, not** required attendance.

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

Field Trip Regulations:

1. Students shall obey all transportation rules while on the trip including returning to school by the same form of transportation as departure, unless prior written permission is granted by site administrator to return with parent/guardian.
2. Students shall comply with all applicable school and District rules throughout the course of the field trip.
3. Students may be denied future field trips and be sent home, at the parent/guardian(s) expense, if field trip rules are not observed.
4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip.
5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as transporting this information on the field trip.

- **For additional field trip forms, please refer to the District website acalanes.k12.ca.us.**

I certify that all Emergency Medical Information on file with the District is current as of the date of this trip.

_____ _____

Parent/Guardian Signature Date

Acalanes Union High School District

STUDENT FIELD TRIP AUTHORIZATION

EMERGENCY MEDICAL INFORMATION

Student's Name: _____ Date: _____

School: Acalanes High School _____ Grade: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone #1: _____ Work Phone #2: _____

Name of Physician: _____ Physician Phone: _____

Name of Dentist: _____ Dentist Phone: _____

Medical Insurance Company: _____

Group/Coverage Number: _____

Allergic to the following: _____

Taking the following medication(s): _____

Special Instructions:

I hereby give my consent to the Acalanes Union High School District to authorize any emergency medical treatment, including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care needed to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act.

_____ _____

Parent/Guardian Signature Date

Acalanes Performing Arts Boosters (APAB)

Parent/Guardian Approval and Waiver

I, the undersigned, as parent/guardian of _____ (student's full name), give permission for them to participate in the activities listed on the **attached event schedule(s)**.

I release Acalanes Performing Arts Boosters, Incorporated, its officers, volunteers, and any paid contractors or outside professionals from any liability for injury, accident, illness, death, or other incidents that might occur during or as a result of these activities. This release covers any claims that could be made by myself, my child, or anyone acting on our behalf.

Parent/Guardian Signature:

_____ (Signature) _____(Date)

_____ (Printed Name)

Mobile Phone: _____

Alternate Emergency Contact:

Name: _____

Mobile Phone: _____

Thanks to parent support, APAB provides funding for these performances, trips, and special events that enrich the Acalanes High School performing arts experience. Your donations fund transportation, event fees, guest artists, receptions, etc. and make these extracurricular activities possible. Thank you!

AHS - Instrumental Music Activities - Semester 1

The trips your student will attend will vary based upon the ensemble(s) they are in and whether they participate in certain extra activities.

Purpose	Destination	Date of Event	Approximate Time	Jazz Band	NYC Tour Group	Orchest-ra	Symphon-ic/Concert	Wind Ensemble	Transportati-on	Staff Sponsor	Periods Missed
SF Jazz Trip - Christian McBride	SF Jazz Miner Auditorium 201 Franklin St, San Francisco, CA 94102	Fri, Sep 11, 2026	5:30pm - 11:00pm	Y					BART	Edwin Cordoba	None
Art and Wine Festival: Jazz Program	Lafayette, CA	Sun, Sep 20, 2026	12:00pm - 2:00pm	Y					Self / Carpool	Edwin Cordoba	None
SF Symphony Night - Rachmaninoff Symphonic Dances	San Francisco Symphony Hall, 201 Van Ness Ave, San Francisco, CA 94102	Fri, Oct 9, 2026	5:30pm - 11:00pm			Y	Y	Y	BART	Edwin Cordoba	None
New York Rehearsal #1	Camplindo High School, 300 Moraga Rd, Moraga, CA 94556	Sun, Oct 25, 2026	9:00am - 12:00pm		Y				Self / Carpool	Edwin Cordoba	None
SAC State Jazz Festival	Capistrano Hall Sacramento State 6000 J Street, Sacramento, 95819	Sat, Dec 12, 2026	All day	Y					Carpool	Edwin Cordoba	None