

# Whitney High School

## Student Behavior Contract

Dear Parents and students:

We want this trip to be a really great experience for everyone, so we all need to play by the rules, This form must be turned into the chaperones before your son/daughter may leave for the activity, There are no exceptions and the head chaperone must have forms in his or her possession before leaving school.

WHS Administration

\_\_\_\_\_, legal guardian for \_\_\_\_\_, my son/daughter, do hereby give permission for him/her to participate in this activity, I understand that my son/daughter assumes full responsibility for his/her own actions and shares responsibility for the group's actions, Myson/daughter and I further understand that my son/daughter must abide by al) rules and regulations set by the School Board of the Rocklin Unified School District, the School, and the trip chaperones. If any of these rules are broken, the participant will be held accountable and will be sent home at his or her expense, Disciplinary action will be dealt with the first school day back from the activity. If any of the district policies are violated there is the possibility that your son or daughter may not participate in graduation, The District's **"Zero Tolerance" policy will apply and be enforced during the entire period of the trip activity and by signing this document you are acknowledging to follow and abide by the terms of the ZERO TOLERANCE policy established by the Rocklin Unified School District.**

Some of the rules and regulations, which are to be adhered to by your son/daughter at all times while on the trip:

1. **Alcohol and Drugs.** Absolutely no alcohol or drug use will be tolerated under any circumstances during the trip activity, Alcohol and abused drugs are illegal and are not permitted at any time during any School-sponsored activity. If alcohol or drugs are found in the students' rooms, or if your son/daughter is found under the influence, or if your son/daughter is in possession of alcohol or drugs, your son/daughter will be immediately expelled from the activity. The chaperones will Write your son/daughter's referral when they return to school. The consequences will follow the Rocklin Unified School District Policy found in the student's date planner.
2. **Participants must stay with the group at all times.**
3. **Unacceptable conduct:** Rowdiness, fighting, damaging property, foul language, any illegal act including shoplifting or stealing, and not following chaperone rules. Again, the consequences and punishment will be same as outlined in the student's date planner.
4. **There are no coed rooms.** If trip is overnight, sleeping facilities occupied during the field trip shall be monitored to insure no male students are present at any time in a female student's room, and that no female students are present at any time in a male student's room. Girls are not allowed in the boys' rooms and boys are not allowed in the girls' rooms at any time during the activity.
5. **Appropriate dress code established by the student's date planner will be followed.**

**Myson/daughter and I have read the permission form and understand the responsibilities to participate in this activity. My son/daughter and I understand if any of the rules or regulations established by the district or Whitney High School are broken, my son/daughter will be immediately removed from the activity at our own expense, and he or she will be disciplined the first day the chaperones return to school, Myson/daughter and I also understand that without this form signed, my son/daughter without exception will not be allowed to participate in this activity,**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

# Rocklin Unified School District

## Whitney High School

### Field Trip Parent Permission and Medical Authorization Form

Field Trip Name: Senior Activities

Field Trip Date: 6/4/2017 (Beals Point Folsom Lake) and 6/5/2017 (Lincoln Hills Golf Course)

Faculty/Staff Member: Jesse Armas

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

A BBQ lunch will be provided at Beals Point and a full buffet breakfast will be served at Lincoln Hills.

If the field trip listed above involves a water activity (***this event does involve water activities***), my student's swimming ability is:

- Beginner
- Intermediate
- Advanced

Parent/Guardian Name: \_\_\_\_\_

Parent Phone Number 1: \_\_\_\_\_

Parent Phone Number 2 (in case of emergency): \_\_\_\_\_

Other Emergency Contact Name (if parent is unavailable in emergency): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

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

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

Insurance Name and Policy Number: \_\_\_\_\_

Special medical considerations regarding my student (allergies, medical conditions, etc.): \_\_\_\_\_

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In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician names above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all cost incurred as a result of the foregoing. I understand that by signing below, I am giving permission for my student to participate in the field trip and consent to medical authorization.

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