



Take Action Packet 2022-2023

Thank you so much for taking the time out of your busy schedule to come to our parent meeting. The following checklist includes items that you need to take action on. Please return this checklist with a signature at the bottom and the required forms TODAY. This will insure your student and your family will be informed, have the necessary paperwork filled out, and be on the right path for a successful year in choir. Thank you again for your continued support of this program and as always let me know if you have any questions or concerns!!

_____ I am aware of the important dates and have placed them on our family calendar.

_____ I have submitted the Family Contact Info online at www.westlakechoir.org

_____ I have signed and submitted the following forms.

1. Attendance Policy
2. Uniform and Costume Contract
3. CVUSD Parent Release for Administration of Medicine
4. Field Trip Excursion Authorization and Medical Treatment Authorization

_____ I have filled out and submitted the "Spirit Pack Donations" Form

Parent Signature _____ Date _____

Student's Name _____
(please print)

Student Signature _____ Date _____



Westlake Choir Department

Attendance Policy

2022-2023

Missing a concert, dress rehearsal, or other mandatory activity for any other reason than listed below is unexcused and may not be made up.

1. For illness, death in the family, or religious activity students will need to notify Mrs. Rolniak as soon as the situation is evident AND submit a letter or email within 3 days of their return and an alternate assignment will be given.

2. For other Westlake High School events:
 - a. The student must inform Mrs. Rolniak, and the respective Coach or Advisor in person and email of the conflict at least three weeks before the event.
 - b. Once approved, the activity or assignment will be removed from the student's grade

Parent Signature _____ Date _____

Student's Name _____
(please print)

Student Signature _____ Date _____

Westlake High School Uniform Contract

All Westlake High School Choir participants are given the privilege of using school uniforms for concerts throughout the school year. These uniforms cost money to purchase and money to keep them in good condition (dry cleaning, etc). Therefore, it is the student's responsibility to make sure that their costume is in good condition throughout the year, and report any costume issues. In order to ensure the quality of our costumes for years to come each student must sign a Uniform Contract every year.

I understand that it is my responsibility to take care of my uniform for choir. Failure to take care of and return my uniform after each performance and at the end of the year will result in a monetary fine or charge to replace the item.

Responsibilities include:

- Only using the uniform assigned to me.
- Keeping my uniform neatly stored in the provided uniform garment bag.
- No eating or drinking while in costume.
- Water consumed needs to be done so with extreme caution!
- Reporting all costume issues (zippers, hems, etc.) to your uniforms officer as soon as they are noticed.
- Dry cleaning costumes at North Ranch Cleaners – NO EXCEPTIONS

Uniform Expectations

Option 1:

Specific black dance shoes with rubber grips
White tux shirt which can be purchased through Westlake Choir Department
Completely white undershirt with no writing on it
Black Socks

Option 2:

Beige character shoes with a 1-1.5 inch heel and rubber grips
Black dance shorts
Beige bandeau or leotard
Beige nylons

****Be reminded that no player will be excluded from participation regardless of their donation****

California law guarantees students a public education free of charge, including extracurricular activities. Students are therefore entitled access to educational activities, and to all materials, supplies, equipment and uniforms necessary for the educational activity, without charges or security deposits. There are some narrow fee authorizations in the law, and we ask for and encourage donations to assist us in our effort to continue providing high quality courses ad activities, but all donations are strictly voluntary. Please visit www.conejousd.org/whs for more information, and/or contact the Principal if you have any questions or concerns.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
PARENT RELEASE FOR ADMINISTRATION OF MEDICINE
WESTLAKE HIGH SCHOOL CHOIR DEPARTMENT**

Student's Name, Last Name First (please print clearly)

The following remedies will be available to use if needed during any Choir trip:

- | | |
|--|--|
| 1. Tylenol for headaches | 4. Neosporin ointment for rashes / abrasions |
| 2. Pepto Bismol for upset stomach and diarrhea | 5. Advil / ibuprofen |
| 3. Cough drops for coughs or sore throats | |

These remedies may be used as needed by my child.

Signature of Parent / Guardian: _____ Date: _____

Address: _____ Home Phone: _____ Work Phone _____

Personal Physician: _____ Phone: _____

NOTE: If you send other over-the-counter medication with your child, please complete below:

Non-Prescription Medication

A chaperone is not allowed to administer vitamins or non-prescription medication to a child without authorization of the parent(s) or guardian(s). If you wish to have your child receive medication you **must** fill out this form. All medications must be clearly and properly labeled in their original containers.

Name of Medication: _____

Dosage, Schedule and method of administration: _____

Special instructions or comments: _____

PRESCRIPTION MEDICATION(S)

Prescription medications must be prescribed by a physician, be in the labeled container from a pharmacy specifying method of administration, dosage, and time schedule.

Name of medication(s): _____

I understand that chaperones will hold and assist in administering the above medication to my child per District Policy.

Signature of Parent / Guardian _____

FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

In-state

(Minor)

Out-of-state

Completion of this form is required for all field trips / excursions.

Name of Student

Date of Birth (for emergency purposes)

Westlake High School

Name of School

Amy Rolniak

Teacher

All Choral Music Trips

Location of Field Trip/Excursion

Student Address

Choral Music

Class/ Program

School Year: 2022-2023

Date(s) of Field Trip/Excursion

Bus and Private Transportation

Transportation Provider

1. **I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?
 No Yes. Please explain _____
3. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?
 No Yes **Parent/Guardian must contact the school office** to obtain form SFA-5010, "Authorization for Any Medication Taken during School Hours," form SFA-5030, "Authorization For Medications Taken During School Hours, School Activities and Field Trips" or form SFA-5040, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).
4. **If you have health insurance, please list:**

Health Insurance Company

Policy Number

Group Number

5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

Emergency Contact

Telephone

Emergency Contact

Telephone

6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.

7. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, 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 all claims."

In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

8. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian

Date

Home telephone

Work telephone

Mobile telephone or pager

White – Field Trip Supervisor
SFA 2010, Rev. 6/17/2014

Yellow – School/Facility

Pink – Parent/Guardian

