

San Francisco Symphony Open Rehearsal
Symphonic Band, String Orchestra and all 8th Grade
Instrumental Students
Thursday, October 26, 2023
7:30am - 2:45pm (Meet at PMS)

Cost: \$80 Donation: includes transportation (charter bus), concert ticket and lunch
Please make checks payable to PMS Music Boosters OR pay by credit card through the future fund campaign (I will send an email with the link).

The San Francisco Symphony rehearsals are open for students to attend. This will include a concert lecture (regarding the concert program) and rehearsal of the music. After the rehearsal, we will have lunch at Golden Gate Park.

Students will be expected to display mature audience etiquette during the rehearsal. They should wear a nice but comfortable outfit. Students will not be permitted to use their cell phones during the rehearsal.

Please return the attached permission form along with your donation (if by check). You can also donate through the future fund campaign.

Students will be able to choose from the following options for lunch. Chips and water are also included.

- Bean and Cheese Burrito
- Chicken Burrito (includes beans and rice)
- Beef Burrito (includes beans and rice)

Student ID# _____

**PLEASANTON UNIFIED SCHOOL DISTRICT
 STUDENT FIELD TRIP AUTHORIZATION**

This form must be on file in the attendance office 24 hours prior to the trip. In no case will the student be permitted on the field trip if the form is not on file with the parent/guardian(s) signature.

Student's Name: _____ Grade: _____

Destination and Purpose: San Francisco Symphony Orchestra Rehearsal: Davies Symphony Hall

Date of Trip: 10/26/23 Departure Time: 7:30am Return Time: 2:45pm

Method of Transportation: Charter Bus Staff Sponsor: Carolyn Slous

Name of Medical Insurance Company: _____

Group/Coverage Number: _____

Period of Absence: Sponsoring staff member must draw lines through periods **below** not included.

Grade Level K-5	K	1	2	3	4	5		
Grade Level 6 – 12 (Period)	1	2	3	4	5	6	7	8
Teacher's Approval/Initials								

PARENT APPROVAL

Your attention is directed to Education Code Section 35330. This law states, in part, "all persons making field trips ...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."

Further, 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**.

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 bus, school and field trip rules and shall be subject to discipline up to and including suspension or expulsion for their actions on a 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.

I certify that all **Emergency Medical Information** on file with the District is current as of the date of this trip. (Come to the school office if this information needs updating.)

 Parent/Guardian Signature

 Date

**PLEASANTON UNIFIED SCHOOL DISTRICT
STUDENT FIELD TRIP AUTHORIZATION
EMERGENCY MEDICAL INFORMATION**

Name of Child: _____ Date: _____ Student ID# _____

Name(s) of Parent Guardian: _____ Home Phone: _____

Work Phone #1: _____ Physician Phone: _____

Name of Physician: _____ Home/Cell Phone No.: _____

Name of Dentist: _____ Dentist Phone: _____

Name of Medical Insurance Company.: _____

Group/Coverage Number: _____

Allergicto the following: _____

Takingthefollowingmedication(s)athome: _____

List medications your student needs during the field trip:

1. _____

Already in Health Office

Parent will provide medication with Medication Consent Form
(required for prescription and over the counter medications)

2. _____

Already in Health Office

Parent will provide medication with Medication Consent Form
(required for prescription and over the counter medications)

3. _____

Already in Health Office

Parent will provide medication with Medication Consent Form
(required for prescription and over the counter medications)

Special Instructions:

I hereby give my consent to the Pleasanton Unified School District, to whose care my child has been entrusted, the authorization for 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 the provisions of the Dental Practice Act.

Signature of Parent/Guardian

Date

Initial and date Received medications from parent

Initial and date Returned medications to parent