

Dear Parent/Guardian:

We, the Class of 2026, strive to complete our senior year in the best way possible, and we would like to ensure that our Commencement will be a successful and memorable occasion. The Class of 2026 is asking for the cooperation of parents and students in conveying our message to graduating seniors. In keeping with school regulations, we have devised this code of conduct for Commencement and Grad Night. We ask for your support in enforcing the code of conduct. We hope that our Commencement will be a truly meaningful ceremony for all who are present and that Grad Night will be a successful conclusion to your high school years. Thank you for your cooperation.

Sincerely,

Maxine Trigg, Senior Class President
Class of 2026

CODE OF CONDUCT FOR STUDENTS, PARENTS, AND SPECTATORS

1. School rules remain in effect before, during, and after the ceremony. We appreciate the support of our seniors, families, and guests in helping maintain a respectful and celebratory atmosphere for this special occasion.
2. Every family deserves the opportunity to clearly hear their graduate's name as it is announced. To help ensure this moment is special for everyone, we ask that guests refrain from using noisemakers, horns, clappers, or other loud devices during the ceremony. Beach balls and similar distractions should also be avoided. Drones are forbidden by law.
3. Seniors are encouraged to follow the commencement dress guidelines, including appropriate clothing, shoes, caps, gowns, and approved regalia, so that the ceremony maintains a unified and celebratory appearance.
4. The recessional is an important and special part of the Esperanza High School Commencement Ceremony. We ask our seniors to refrain from tossing their caps, but if they do, we ask them not to disrupt the recessional to retrieve their caps. Any caps on the field will be collected and available after the recessional.
5. Cell phones, earbuds and other items such as car keys, sunglasses, wallets, etc., are not allowed on the field for graduating seniors. Phones will be collected at the gym before the processional.
6. For safety and to help keep the ceremony organized, parents and spectators are asked to remain in the seating areas and not enter the field before, during, or after the ceremony.

This form must be signed by both the senior and their parents or guardian. **TO RECEIVE A CAP AND GOWN, THE SENIOR MUST BRING THIS COMPLETED FORM WITH THEM ON THURS, JUNE 4TH, AT BREAK IN THE CENTER QUAD.**

I have read the above statement, and I agree to support the Class of 2026 in its effort to conduct a dignified Commencement ceremony and Grad Night. I understand that Grad Night is not a school district-sponsored event and that Esperanza High School and the Placentia-Yorba Linda Unified School District are not responsible for activities that occur during Grad Night.

Senior Signature

Date

Print Name

Parent/Guardian(s) Signature

Date

Print Name

IMPORTANT INFORMATION REGARDING GRADUATION – Thursday, June 11th - 6:00 P.M. AT SHAPELL STADIUM ON THE YORBA LINDA HIGH SCHOOL CAMPUS

- ◆ Be sure graduates arrive at the line-up area in the gym by **5:15 p.m. for graduation**
 - Parents, remember the gates don't open until 4:30 pm. All items left to save seats will be confiscated.
 - **NO HIGH HEELS OR SPIKED SHOES ARE ALLOWED ON THE FIELD!**

- ◆ Guests and graduates will not have access to each other from the time of reporting to the line-up area until the time the graduates leave the field area.

- ◆ All rules and regulations for students, including the graduates, are in effect until the campus is vacated following graduation. This is an official school day and school activity.

- ◆ **No cell phones or earbuds are allowed on the field during graduation. Students must leave their phones with their parents or in their car.**

DRESS

Acceptable clothing to be worn with the cap and gown by graduates is as follows:

- ◆ For boys: Shirts (recommended dress shirt and tie), dress slacks, shoes, and socks
- ◆ For girls: Blouse and skirt or dress, slacks, and shoes. Remember that spiked heels are not allowed; wedges are OK.
****NO JEANS OR SHORTS MAY BE WORN.****

GRADUATION TICKETS

Seating for graduation is first come first serve. The gates will open at 4:30 pm. There are no saving seats with blankets, towels, chairs, etc. Your articles will be confiscated if left to save seats. **If you are in need of special accommodations for a disabled person, call (714) 986-7540, ext. 13794 by 10 am on Thurs, June 11th**, so we can make suitable arrangements for you.

If It Rains: The graduation ceremony will move into the gym. Each graduate will receive 2 RED tickets with their Cap and Gown, which will be used as entry for spectators into the gym for the ceremony.

GRADUATION PICTURES

Schoolhouse Photo will take pictures of each graduate during the graduation ceremony. Parents will be emailed the proof of pictures to purchase.

SENIOR DEBTS

Seniors who have debts must clear these debts to obtain their cap and gown. These debts can be paid at the finance window. Students who have incurred debts after cap and gown distribution must clear these to receive their diplomas and/or have transcripts sent. Questions regarding specific debts should be directed to the teacher or staff member who issued the debt. Please contact the Finance Office to find out which teacher issued the debt notice. You may call the Finance Office at (714) 986-7540, Ext. 13007, from 7:30 am to 3:30 pm, regarding any student debts.

A WORD FROM THE COUNSELORS TO EACH AND EVERY SENIOR - "COMPLETE YOUR TASK"

Your family and friends are counting on you to complete all courses necessary for graduation, including Community Service. You can avoid the stress that comes from failing classes by:

1. Maintaining good attendance
2. Be punctual
3. Complete assignments on time
4. Participate in class discussion
5. Complete all necessary ROP and evening classes
6. Complete all 40 hours of Community Service

Don't wait until it is too late to make a passing grade! Get organized and enjoy the experience of graduating with the outstanding Class of 2026.

TRANSCRIPTS

Seniors who need to send a **FINAL official transcript** to the college they will be attending need to visit www.parchment.com **after** Friday, June 19th, for it to be released.

Parking at Graduation

Parking is limited on the night of Graduation. We are requesting that families and students carpool that evening to make it easier for all who are attending. Gates will open at 4:30 pm for guests to arrive and choose a seat. Graduates will need to report to the Yorba Linda High School gym at 5:15 pm to line up for the ceremony.

Graduation Parking Lots:

- 1. Shapell Stadium parking lot**
- 2. Student parking lot off Fairmont Blvd**
- 3. Fairmont Elementary (Shuttle Service)**
- 4. Orange County School of Computer Science (Shuttle Service)**

Shuttle Service:

The District will provide a shuttle service on District buses from Fairmont Elementary and Orange County School of Computer Science to Shapell Stadium starting at 4:30 pm, with a shuttle every 10 to 15 minutes. The shuttle will drop you off at the pool, which is adjacent to Shapell Stadium (50 yards from the entrance). When the Graduation ceremony is over, the shuttles will be at the drop-off area, ready to take you back to your car at Fairmont Elementary or OCSCS. Shuttle Service will run until 8:30 pm.

Handicapped Parking:

Handicapped parking is located in the first 2 rows of the Shapell Stadium parking lot. Please make sure you have the correct Handicapped tag in order to park in these spots. Please carpool in these spots in order to make more room for all who plan to attend.

Graduation / Senior Breakfast Speeches:

Are you interested in speaking at Graduation or the Senior Breakfast? There will be auditions for who will be speaking at the ceremony. If you are interested, you will need to write a 2-3 minute speech and sign up for an audition time. The audition dates will be on May 19th and 20th at lunch in the ASB room. Come prepared with the ACTUAL speech you will present at the ceremony. No one is guaranteed a speaking spot at graduation, not valedictorian or Aztec of the Year. Everyone must audition to speak at graduation or the senior breakfast.

GRADUATION WEEK ACTIVITIES

(Purchase tickets at the Finance Office 4/20- 5/29)

ALL DEBTS MUST BE CLEARED TO PURCHASE TICKETS

**Thursday, June 4th &
Friday, June 5th
10:25- 10:40 (break)**

Pick-up cap and gown* at Esperanza (main quad)
***Must turn in your code of conduct form to receive cap and gown.**
ALL DEBTS MUST BE CLEARED

**Sunday, June 7th
Departure from EHS-2:30 pm**

Depart for Grad Night @ Disneyland California Adv.

**Monday, June 8th
Arrival at EHS -2:30am**

Return from Grad Night

**Monday, June 8th
12 pm- 2 pm**

Senior Taco Party / Yearbook Signing (\$25 cash only)
Yorba Regional Park/ Shelter #3 (parking \$5)
All-you-can-eat tacos

**Monday, June 8th
7:30 pm-8:30 pm**

Senior Sunset on Turf
Bring chairs and blankets
Snacks provided

**Tuesday, June 9th
9 am- 10:45 am**

Senior Breakfast @ Alta Vista C.C. (\$40 cash only)
Transportation is on your own

**Tuesday, June 9th
11 am-1 pm**
*(Meet our EHS administrator/
counselor at the front of the school.)*

Elementary School Parade of Graduates
Sign up for a school and wear your cap and gown.
Transportation is on your own

**Wednesday, June 10th
10 am-8 pm**

Knott's Berry Farm (\$60 cash only)
School event ends at 4 pm - park stays open until 8 pm
Transportation is on your own

**Thursday, June 11th
11:00 am- 12:30 pm**

Graduation practice (mandatory), 11 am - 12:30 pm
YORBA LINDA HIGH SCHOOL, SHAPELL STADIUM

**Thursday, June 11th
6:00 – 7:15 p.m.
Report at 5:15 p.m.**

Graduation, 6:00 pm
YORBA LINDA H.S., SHAPELL STADIUM
No heels or spiked shoes are allowed on the field.

IMPORTANT SENIOR ACTIVITY WEEK INFORMATION

Thurs, June 4th - Thurs, June 11th

Some of the activities cost a nominal fee and will be on sale from Mon, April 20th to Fri, May 29th.

on WEBSTORE or CASH ONLY at FINANCE OFFICE!!!

Knott's: \$60

Senior Park Day with Taco Guy: \$25

Senior Sunset: \$0

Senior Breakfast: \$40

Total for all: \$125

On sale Monday, April 20th - Fri, May 29th
CASH ONLY!!!

Or on the EHS Webstore (with debit/ credit)



2026 Class Graduation Marshalls

(Marshalls walk your class into Graduation and speak at your Senior Breakfast.)



Elementary School Graduation Parade



Elementary Walks	
Tues, June 9th	
School	Time
Glenknoll	12:00 PM
Glenview	12:40 PM
Fairmont	12:00 PM
Linda Vista	1:00 PM
Travis Ranch	12:00 PM
Van Buren	11:00 AM
Woodsboro	12:00 PM

2026 Senior Most Likely to's...

(Awarded at Senior Breakfast)



2026 Graduation/ Senior Breakfast Speech Tryouts

(Anyone can try out to speak)



Show your AZTEC PRIDE for your 2026 GRADUATE!

ESPERANZA HIGH SCHOOL IS OFFERING PERSONALIZED VINYL GRADUATION BANNERS.

They will be displayed on the Esperanza campus for all of May and returned to the student to display at the student's residence for Graduation!

Order by Fri, April 24th

\$30 VINYL BANNER

VINYL BANNER: 1.5 ft x 2 ft

UNIVERSITY/COLLEGE/MILITARY/TRADE SCHOOL or CONGRATULATIONS
(You will circle option below)

Please bring the completed form with \$30 to the EHS Finance Office : **DUE Fri, April 24th**
For more information please contact: Meghann Lukach at mlukach@pylusd.org



WEBSTORE QR CODE



PLEASE PRINT LEGIBLY

Name of Student: _____ Parent Name: _____

Name of University/College/ Military/Trade School or Congratulations:

List Univ, College, Trade, Military, or Congratulations here: _____

Parent Phone #: _____ Parent Email: _____

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT HIGH SCHOOL
PARENTAL/LEGAL GUARDIAN CONSENT, AUTHORIZATION, WAIVER, RELEASE, & INDEMNIFICATION FORM**

School: Esperanza H.S. Date: 7/21

To Be Completed by Parent/Legal Guardian and Participating Student:

I, the parent/legal guardian of [student's full name] [redacted] ("student"), by my signature below, grant permission for my student to participate in and be transported to and from the field trip/activity/event described herein. I understand participation in this field trip/activity/event is a voluntary part of the Placentia-Yorba Linda Unified School District school program. I am specifically aware this field trip/activity/event could cause serious illness, injury, and/or death, and assume all risks for any such illness, injury, and/or death.

- I expressly agree that my consent for my student's participation shall also serve as acknowledgement of the following:
1. Parents/Legal Guardians are responsible for notifying the school of changes to their student's medication(s) and medical needs.
 2. Liability and health benefit insurance/coverage is not provided for students taking part in this field trip/activity/event.
 3. For Religious Accommodations, a copy of the appropriate form(s) must be attached.

Field Trip/ Activity/ Event: Grad Nite @ Disneyland Date(s): 6/7/26

Single Event Multiple Day Seasonal Event (schedule attached for further information)

Student's Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Parent/Legal Guardian Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

TRANSPORTATION INFORMATION

Field Trip/ Activity/ Event Destination: Disneyland Date(s): 6/7/26

Time of Departure: 2:30p Time of Return: 2:30p

Departure time indicates when the school bus departs and return time is immediately following scheduled activity. Point of departure and return is from/to the above school site. Destination identifies the location of field trip/activity/event.

Method of transportation for the above-named student may be by:

- | | |
|---|---|
| <input type="checkbox"/> District Bus | <input type="checkbox"/> Private Auto Driven by Parent* |
| <input checked="" type="checkbox"/> Commercial Charter | <input type="checkbox"/> Private Auto Student Driving Themselves Only*
(No other student passengers allowed) |
| <input type="checkbox"/> District Auto Driven by Staff Member* | |
| <input type="checkbox"/> Private Auto Driven by Adult not a Staff Member* | |

** All drivers must complete the attached School Driver Registration Form which shall be filed at the school site and with District Risk Management. District employee drivers must also file a DMV report with Risk Management.

HEALTH HISTORY, SPECIAL NEEDS, & INSURANCE INFORMATION

Check all that Apply	Health History & Medical Needs	Number of Pages Attached
	Allergies (please list):	
	My child has NO special needs that staff should be made aware of, and NO medication(s) are required for this field trip/activity/event.	
	My child has a special need and/or medication(s) are required for this field trip/activity/event. <i>Note: Attach instructions, dosage, and location of medication(s).</i>	
	Please attach any additional information you feel staff need to know about your student's health.	

Student's Date of Birth: _____ Name of Physician: _____ Phone: _____

Do you have current medical insurance coverage? Yes _____ No _____ *[(if you wish to purchase student accident, medical, or hospitalization insurance, please contact your student's school or visit www.myers-stevens.com.)]*

Name of Insured (Parent/Legal Guardian): _____ Employer: _____

Health/Accident Insurance Company: _____ Policy Number: _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Emergency Contact Name: _____ Relationship: _____ Cell Phone: _____

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT HIGH SCHOOL
PARENTAL/LEGAL GUARDIAN CONSENT, AUTHORIZATION, WAIVER, RELEASE, & INDEMNIFICATION FORM**

For and in consideration of my/my student's participation in the above field trip/activity/event, I, the undersigned parent/legal guardian/student, for myself and my personal representatives, assigns, heirs, and next of kin agree to indemnify and hold Placentia-Yorba Linda Unified School District, its Board of Education, officers, agents, representatives, and employees (collectively the "District"), and the State of California, harmless from all liability, claims, causes of action, costs, expenses, damages, attorneys' fees, and demands (collectively "Claim(s)") related to, arising from, or in connection with participation in the field trip/activity/event including, without limitation, injury, accident, illness, or death suffered by me/my student, whether caused by the negligence of the District or otherwise. (Ed. Code, §35330)

By executing this document, I hereby understand and voluntarily release, discharge, waive, and relinquish all claims for personal injury, bodily injury, property damage or wrongful death occurring to myself/my student arising from engaging in the field trip/activity/event or activities incidental thereto for whatever period said activities may continue. I understand this Parental/Legal Guardian Consent, Authorization, Waiver, Release, and Indemnification Agreement ("Form") shall be binding on me, my heirs, executors, administrators, and assigns, and hereby release, waive, discharge, and relinquish all Claims, which may hereafter arise for myself/my student and my estate, and agree that under no circumstances will my heirs, executors, administrators, and assigns prosecute, present any Claim for personal injury, bodily injury, property damage, or wrongful death against the District.

I have been advised of all rules and safety regulations pertaining to this field trip/activity/event and the use of protective equipment by participants. I understand these safety regulations shall be enforced during the entirety of the field trip/activity/event. I understand that participants must abide by all rules and regulations governing conduct during this field trip/activity/event.

I am specifically aware of the field trip/activity/event described above and the risks it presents to myself/my student including those inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one field trip/activity/event to another, but can range from minor injuries such as scratches, bruises, and sprains and major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to catastrophic injuries including paralysis and death.

I authorize and consent to my student receiving any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed pursuant to the Medicine Practice Act or a dentist licensed pursuant to the Dental Practice Act, and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. When transportation or medical attention becomes necessary, it is hereby authorized within these provisions and limitations. This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to the physician to render care in the exercise of their best judgment. It is understood that effort shall be made to contact me prior to rendering treatment to my student but that any of the above treatment shall not be withheld if I cannot be reached. I agree to assume all financial responsibility for injuries I/my student sustain and for such care that the duly licensed physician, surgeon, or dentist may, in the exercise of their best judgment, consider necessary.

I understand this field trip/activity/event may be cancelled for security reasons. Such field trips/activities/events are subject to modification or cancellation when the U.S. Dept. of Homeland Security announces either High (Orange) or Severe Conditions (Red). In the event of such a cancellation by the District, I accept all financial risks or penalties imposed by the vendors providing services for travel, accommodations, or other trip-related services due to cancellation.

I expressly agree that each provision of this Form shall be interpreted in such a manner as to be effective and valid under applicable law. In the event any provision of this Form is determined to be invalid, illegal, or unenforceable in any respect under the applicable law, such provision shall be severed, and all remaining provisions shall remain valid, legal, and enforceable.

I have read, understand, and agree to the above.

Signature (Above Named Parent/Legal Guardian)

Signature (Above Named Student)

Parent/Legal Guardian Printed Name

Student School I.D. Number

Signature Date

Signature Date

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT HIGH SCHOOL
PARENTAL/LEGAL GUARDIAN CONSENT, AUTHORIZATION, WAIVER, RELEASE, & INDEMNIFICATION FORM**

To Be Completed by Parent/Legal Guardian and Participating Student:

School: ETHS

Date: 6/9 & 6/10

I, the parent/legal guardian of [student's full name] ("student"), by my signature below, grant permission for my student to participate in and be transported to and from the field trip/activity/event described herein. I understand participation in this field trip/activity/event is a voluntary part of the Placentia-Yorba Linda Unified School District school program. I am specifically aware this field trip/activity/event could cause serious illness, injury, and/or death, and assume all risks for any such illness, injury, and/or death.

I expressly agree that my consent for my student's participation shall also serve as acknowledgement of the following:

1. Parents/Legal Guardians are responsible for notifying the school of changes to their student's medication(s) and medical needs.
2. Liability and health benefit insurance/coverage is not provided for students taking part in this field trip/activity/event.
3. For Religious Accommodations, a copy of the appropriate form(s) must be attached.

Field Trip/ Activity/ Event: Senior Breakfast, Elementary Walks, Knotts Date(s): 6/9 & 6/10

Single Event Multiple Day Seasonal Event (schedule attached for further information)

Student's Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

Parent/Legal Guardian Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

TRANSPORTATION INFORMATION

Field Trip/ Activity/ Event Destination: Senior B-fast, Elementary Walks, Knotts Date(s): 6/9 & 6/10

Time of Departure: Breakfast (9am), Elem Walks (11a), Knotts (12a) Time of Return: Breakfast (10:45), Elem Walks (1p), Knotts (8pm)

Departure time indicates when the school bus departs and return time is immediately following scheduled activity. Point of departure and return is from/to the above school site. Destination identifies the location of field trip/activity/event.

Method of transportation for the above-named student may be by:

- District Bus
- Commercial Charter
- District Auto Driven by Staff Member*
- Private Auto Driven by Adult not a Staff Member*
- Private Auto Driven by Parent*
- Private Auto Student Driving Themselves Only* (No other student passengers allowed)

** All drivers must complete the attached School Driver Registration Form which shall be filed at the school site and with District Risk Management. District employee drivers must also file a DMV report with Risk Management.

HEALTH HISTORY, SPECIAL NEEDS, & INSURANCE INFORMATION

Check all that Apply	Health History & Medical Needs	Number of Pages Attached
	Allergies (please list):	
	My child has NO special needs that staff should be made aware of, and NO medication(s) are required for this field trip/activity/event.	
	My child has a special need and/or medication(s) are required for this field trip/activity/event. <i>Note: Attach instructions, dosage, and location of medication(s).</i>	
	Please attach any additional information you feel staff need to know about your student's health.	

Student's Date of Birth: _____ Name of Physician: _____ Phone: _____

Do you have current medical insurance coverage? Yes _____ No _____ [If you wish to purchase student accident, medical, or hospitalization insurance, please contact your student's school or visit www.myers-stevens.com.]

Name of Insured (Parent/Legal Guardian): _____ Employer: _____

Health/Accident Insurance Company: _____ Policy Number: _____

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Emergency Contact Name: _____ Relationship: _____ Cell Phone: _____

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT HIGH SCHOOL
PARENTAL/LEGAL GUARDIAN CONSENT, AUTHORIZATION, WAIVER, RELEASE, & INDEMNIFICATION FORM**

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By executing this document, I hereby understand and voluntarily release, discharge, waive, and relinquish all claims for personal injury, bodily injury, property damage or wrongful death occurring to myself/my student arising from engaging in the field trip/activity/event or activities incidental thereto for whatever period said activities may continue. I understand this Parental/Legal Guardian Consent, Authorization, Waiver, Release, and Indemnification Agreement ("Form") shall be binding on me, my heirs, executors, administrators, and assigns, and hereby release, waive, discharge, and relinquish all Claims, which may hereafter arise for myself/my student and my estate, and agree that under no circumstances will my heirs, executors, administrators, and assigns prosecute, present any Claim for personal injury, bodily injury, property damage, or wrongful death against the District.

I have been advised of all rules and safety regulations pertaining to this field trip/activity/event and the use of protective equipment by participants. I understand these safety regulations shall be enforced during the entirety of the field trip/activity/event. I understand that participants must abide by all rules and regulations governing conduct during this field trip/activity/event.

I am specifically aware of the field trip/activity/event described above and the risks it presents to myself/my student including those inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one field trip/activity/event to another, but can range from minor injuries such as scratches, bruises, and sprains and major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to catastrophic injuries including paralysis and death.

I authorize and consent to my student receiving any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed pursuant to the Medicine Practice Act or a dentist licensed pursuant to the Dental Practice Act, and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. When transportation or medical attention becomes necessary, it is hereby authorized within these provisions and limitations. This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to the physician to render care in the exercise of their best judgment. It is understood that effort shall be made to contact me prior to rendering treatment to my student but that any of the above treatment shall not be withheld if I cannot be reached. I agree to assume all financial responsibility for injuries I/my student sustain and for such care that the duly licensed physician, surgeon, or dentist may, in the exercise of their best judgment, consider necessary.

I understand this field trip/activity/event may be cancelled for security reasons. Such field trips/activities/events are subject to modification or cancellation when the U.S. Dept. of Homeland Security announces either High (Orange) or Severe Conditions (Red). In the event of such a cancellation by the District, I accept all financial risks or penalties imposed by the vendors providing services for travel, accommodations, or other trip-related services due to cancellation.

I expressly agree that each provision of this Form shall be interpreted in such a manner as to be effective and valid under applicable law. In the event any provision of this Form is determined to be invalid, illegal, or unenforceable in any respect under the applicable law, such provision shall be severed, and all remaining provisions shall remain valid, legal, and enforceable.

I have read, understand, and agree to the above.

Signature (Above Named Parent/Legal Guardian)

Signature (Above Named Student)

Parent/Legal Guardian Printed Name

Student School I.D. Number

Signature Date

Signature Date

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