



## TB Skin Testing Clinics, 2019-2020

Folsom Cordova Unified School District

1965 Birkmont Dr. Rancho Cordova, CA 95742

**All employees and volunteers MUST come to the Monday clinic.**

**WEDNESDAY IS FOR READING THE SKIN TEST ONLY.**

For directions please go to the FCUSD website. Click on Our District> District Maps and School Buildings> District Office/Education Service Center> Direction and Maps. If you have any questions call, 916-294-9013.

<b>Boardroom 1A and 1B (Unless noted otherwise)</b>	
<b>GIVE THE TB SCREENING</b>	<b>READING SKIN TEST ONLY</b>
Monday - August 19, 2019 3:00 - 4:30	Wednesday - August 21, 2019 3:00 - 4:30 <b>ROOM 201/202</b>
Monday - September 23, 2019 3:00 - 4:30	Wednesday - September 25, 2019 3:00 - 4:30 <b>ROOM 201/202</b>
Monday - October 21, 2019 3:00 - 4:30	Wednesday - October 23, 2019 3:00 - 4:30
Monday - November 18, 2019 3:00 - 4:30	Wednesday - November 20, 2019 3:00 - 4:30 <b>ROOM 201</b>
Monday - December 16, 2019 3:00 - 4:30	Wednesday - December 18, 2019 3:00 - 4:30 <b>ROOM 201</b>
Monday - January 13, 2020 3:00 - 4:30	Wednesday - January 15, 2020 3:00 - 4:30 <b>ROOM 201</b>
Monday - March 16, 2020 3:00 - 4:30 <b>ROOM 201/202</b>	Wednesday - March 18, 2020 3:00 - 4:30 <b>ROOM 201</b>
Monday - April 20, 2020 3:00 - 4:30 <b>ROOM 201/202</b>	Wednesday - April 22, 2020 3:00 - 4:30 <b>ROOM 201</b>
Monday - May 18, 2020 3:00 - 4:30	Wednesday - May 20, 2020 3:00 - 4:30



# FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

1965 Birkmont Drive  
Rancho Cordova, CA. 95672  
(916) 294-9000

## CATEGORY 1 VOLUNTEER APPLICATION

(Non-salaried position)

### EXAMPLES OF CATEGORY 1 VOLUNTEERS:

Room parent, carnival volunteer, science fair volunteer, dance chaperon, one-time classroom volunteer, or high school student volunteer.

**\*\*Category 1 Volunteers must always be under direct supervision of a District employee.\*\***

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ CITY : \_\_\_\_\_

BIRTHDATE : \_\_\_ / \_\_\_ / \_\_\_ EMAIL ADDRESS : \_\_\_\_\_

SCHOOL SITE : \_\_\_\_\_ STUDENT NAME : \_\_\_\_\_

\* Are there any limitations or restrictions we should know about? \_\_\_\_\_  
\_\_\_\_\_

\* Have you ever been convicted of a crime other than a traffic infraction?

(Mark YES for a DUI, a misdemeanor, or a felony)  YES  NO

\* If "YES" please explain when, where, and the disposition : \_\_\_\_\_  
\_\_\_\_\_

Negative TB test is attached, expires : \_\_\_\_\_  XRAY

If you have an XRAY you must complete a questionnaire with Health Services for final TB clearance.

**\* I have read the Volunteer Orientation Handbook and know the expectations of me as a volunteer regarding appropriate behavior, dress, language, student interactions, blood borne pathogens, child protection, child development, confidentiality, conflict resolution, site specific instructions, and staff relationships.**

**\* I consent to the use of the above data in the District's Volunteer Database.**

**VOLUNTEER SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_**

**PRINCIPAL'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_**

*This form must be completed and given to the Principal or Designee for approval. The fully completed application, along with a current TB clearance, must be forwarded to the Educational Services Center to be verified and filed.*



FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

1965 Birkmont Drive
Rancho Cordova, CA. 95672
(916) 294-9000

New Applicant [ ]
Badge Only [ ]

CATEGORY 2 VOLUNTEER APPLICATION

(Non-salaried position)

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_
ADDRESS : \_\_\_\_\_ CITY : \_\_\_\_\_
BIRTHDATE : \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL ADDRESS : \_\_\_\_\_
SCHOOL SITE : \_\_\_\_\_ STUDENT NAME : \_\_\_\_\_

LIVESCAN INFORMATION:

The Fingerprinting fee is \$25, and if you have lived outside of California in the last 5 years it will be an additional \$17 for the FBI clearance. Payment is due at the time of printing at the ESC.

Have you been printed in FCUSD before? [ ] YES [ ] NO Fingerprint Clearance Date : \_\_\_\_\_

If "YES", were you printed as an employee or volunteer? \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic infraction?

(Mark YES for a DUI, a misdemeanor, or a felony) [ ] YES [ ] NO

If "YES" please explain when, where, and the disposition : \_\_\_\_\_

Negative TB test Expires : \_\_\_\_\_ XRAY [ ]

If you have an XRAY you must complete a questionnaire with Health Services for final TB clearance.

Site Orientation Date : \_\_\_\_\_ Emergency Card Date: \_\_\_\_\_ Photo ID Date: \_\_\_\_\_

\* I have read the Volunteer Orientation Handbook and know the expectations of me as a volunteer regarding appropriate behavior, dress, language, student interactions, blood borne pathogens, child protection, child development, confidentiality, conflict resolution, site specific instructions, and staff relationships.

\* I consent to the use of the above data in the District's Volunteer Database.

VOLUNTEER SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

THE ABOVE VOLUNTEER HAS PROVIDED ALL THE REQUIRED INFORMATION AND MAY NOW BE FINGERPRINTED.

PRINCIPAL'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

This form must be completed and given to the Principal or Designee for approval. The fully completed application, along with a current TB clearance, must be brought by the potential volunteer to the Educational Services Center to be fingerprinted and take a photograph for your volunteer badge.



# **CONTRACT FOR ACTIVITY PARTICIPATION**

**(INCLUDING WAIVERS AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)**

**All sections of this Agreement must be completed, with the signed original turned in to the School Office, before a Student will be allowed to participate in any manner in Student Activities, Student Clubs, Special Classes, and/or Special Programs.**

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Activity/Club/Class/Program:	

In Consideration for the Student’s ability to participate in a Student Activity, Student Club, Special Class, and/or Special Program listed above (the “Activity”), including any try out or process used to select members to join or participate in the listed Activity, or attendance or participation in any Activity meeting, class, competition, show, event, or presentation, including travel to and from any meeting, class, competition, show, event, or presentation (“Activities”), the Student and the Parent or Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and Adult understand the nature of the Activity, and its associated Activities, and the Student voluntarily wishes to participate in the Activities. The Adult consents to the Students involvement in the Activities.

3. The Student shall comply with the instruction and directions of Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Activity and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Activities and a prohibition against any future involvement in Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during Activities, the Adult will (a) pay to restore or replace any property damaged as a result of the Student’s violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Participation in Activities might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Student’s actions or inactions, the actions or inactions of another Student or participant in Activities, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Activities. All such risks are deemed to be inherent to the Student’s participation in Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District (“Released Parties”) by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Activities might present a risk of Injury, the Student will immediately discontinue further participation in Activities, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Activities. If an injury or medical emergency occurs during Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

8. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Activities.

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

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**Printed Name of Parent/Guardian      Signature      Date**

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

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**Printed Name of Student      Signature      Date**



REV 1/23/09

**STUDENT FIELD TRIP AUTHORIZATION**

**No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip. Verbal Authorizations, or Authorizations not on this form, cannot be accepted.**

Student Name:	School:
Parent/Guardian Name:	Home/Cell/Work Telephone: (Best way to reach you during trip)
Emergency Contact & Telephone No. (other than parent):	
Field Trip Destination:	
Field Trip Date:	Suggested Contribution:
Expected Departure Time:	Expected Return Time:
Method of Transportation:	Supervising Teacher/Sponsor:
Physician's Name:	
Physician's Address & Phone:	
Medical Conditions/Medications:	
Medical or Patient ID Number:	
<b>FOOD SERVICE: Is a sack lunch required for this activity?</b> ( <i>Sponsor, please check</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Parents:</b> If a sack lunch is required (7-day notice) required for this activity, they are available for purchase through the cafeteria <u>or</u> the student may bring one from home. <input type="checkbox"/> I will send a sack lunch from home <input type="checkbox"/> I would like to purchase a sack lunch from the school cafeteria ( <b>Payment must be submitted with this permission form; regular payment rules/procedures apply to students in the National School Lunch Program</b> ) <input type="checkbox"/> My student has a Peanut Allergy	
<b>PRINCIPAL'S SIGNATURE:</b>	

By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).

2. California Education Code Section 35330 states that: "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." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]

3. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.

4. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

5. The suggested contribution is the District's estimated cost for your student to participate in this field trip. No student will be excluded from the field trip due to an inability to contribute toward such costs. Please contact the supervising teacher or the school office for more information. Contributions may be received by the supervising teacher or the school office.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received by School:

Received by:





# STUDENT ALTERNATE TRANSPORTATION FORM

Students participating in off-campus District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences (“Events”), are required to travel on school buses or by other District-designated methods of transportation. Under special circumstances, with the District’s prior written approval, Students may be transported to and from Events (a) by a parent/guardian or other designated adult, or (2) by himself/herself. Under no circumstances may Students be transported in a vehicle driven by another student or anyone under 21 years of age.

Before the District grants a request for alternate transportation, this Student Alternate Transportation Form must be submitted to the School Office after it has been signed by the Student, the Student’s parent/ legal guardian, and the District employee supervising the Event. Before the Student Alternate Transportation Form will be accepted and approved by the School Office, the individual who will transport the Student must also complete and file with the School Office an acceptable (a) Personal Automobile Use Form (for parents/ guardians/designated adults) or (b) Student Personal Automobile Use Form (if the Student intends to drive himself/herself to Events).

If the required Forms are not submitted to and accepted by the School Office 48-hours before an Event, the Student must be transported to and from the Event through normal District-sponsored methods. A Student not complying with these provisions will not be allowed to attend or participate in the Event.

Name of Student:	
Event(s): Each approved Event or series of Events must be listed:	
Date(s):	
Reason for Request:	
Name of Designated Driver(s): Student and/or Designated Adult(s)	

I/we agree that the designated drivers and vehicles to be used are not covered under the District’s automobile liability coverage. The Student, his/her parent(s)/guardian(s), and/or the driver of the vehicle are solely responsible for damage or injury to others. I/we also agree that the Student and anyone else in the vehicle assume their own risk of harm, injury or death arising from this choice for alternate transportation. The Student, his/her parent(s)/legal guardian(s), and/or the vehicle driver further agree to hold the District and its officers, employees and volunteers free from any liability arising from this alternate transportation, agreeing also to defend and indemnify them against any resulting claim.

\_\_\_\_\_ **Printed Name of Student**                      \_\_\_\_\_ **Signature**                      \_\_\_\_\_ **Date**

\_\_\_\_\_ **Printed Name of Parent/Guardian**                      \_\_\_\_\_ **Signature**                      \_\_\_\_\_ **Date**

\_\_\_\_\_ **Printed Name of Supervising Employee**                      \_\_\_\_\_ **Signature**                      \_\_\_\_\_ **Date**

<b>Date Received by District:</b>	<b>Received/Approved by:</b>
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