

REQUIRED FORMS

Please return this packet of required forms to the band director's mail box no later than the end of mini-camp. Students with forms still due will not be able to participate in our July 4th Parade Performance. Any questions can be directed to Mr. Steele (gsteele@bwschools.net).

1. BWSD Field Trip Permission Form
2. Student Medical Information Form (2 sides)
3. Directory Information Form
4. Handbook Acknowledgement Form
5. Instrument Responsibility Form
6. Parent Volunteer Interest Form
7. Shoe Order Form (if needed)

Thank you in advance for your time and patience in completing all of the above!

PLEASE PRINT

BALDWIN-WHITEHALL SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Group (Class or Activity) _____

Teacher(s)/Sponsor(s) _____

Destination of Field Trip _____ Date(s) of Field Trip _____

Departure Time _____ Return Time _____ Method of Transportation _____

STUDENT INFORMATION

Student's Name _____ Date of Birth ____/____/____

Family's Home Phone Number ____ - ____ - ____ Cell Phone Number ____ - ____ - ____

Father's Work Number ____ - ____ - ____ Mother's Work Number ____ - ____ - ____

Person to call if neither parent can be reached _____ Phone ____ - ____ - ____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Doctor's Name _____ Doctor's Phone Number ____ - ____ - ____

Describe student's allergies, special factors, current medications: _____

Does student have health insurance coverage? Yes No

Health Insurance Provider's Name _____

Policy/Certificate # _____ Group # _____

Name Insured/Policyholder: _____

RELEASE AND HOLD HARMLESS AGREEMENT

We agree that the Baldwin-Whitehall School District and its officers, directors, employees and representatives shall not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child's participation in this school sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature _____ Date ____/____/____

Print Parent/Guardian Name _____

STUDENT MEDICAL INFORMATION FORM

Student Name _____ Date _____

Sex _____ Age _____ Date of birth _____ Grade _____

Home Address: _____

Street _____

City, State, Zip Code _____

Area Code/Phone number _____

Director's Name _____ School _____

Father's Full Name _____

Work Phone _____ Hours _____

Mother's Full Name _____

Work Phone _____ Hours _____

Stepparent/Guardian's Full Name _____

Work Phone _____ Hours _____

Is the student currently under medical treatment? YES NO

If yes, give the nature of the treatment and the doctor's name and phone number:

Is the student currently taking any medications? YES NO

If yes, please list _____

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

Is your child allergic? YES NO If yes, please list all allergies: _____

If yes, have any of these allergies caused an anaphylactic reaction? YES NO

Date of last tetanus shot: _____

Name of health insurance: _____

Address _____ Phone _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group# _____

OVER

**FIRST AID/EMERGENCY TREATMENT
AUTHORIZATION**

If the school cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name _____ Relationship to Child _____
Address _____ Phone _____
Name _____ Relationship to Child _____
Address _____ Phone _____

If EMERGENCY TREATMENT is required, school authorities, festival host, or designee will use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached.

Name of preferred hospital _____
Name of preferred doctor _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's music director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the Baldwin-Whitehall School District, its employees and representatives, the Baldwin Highlander Music Patrons, and its volunteers and representatives, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at district sponsored events, including rehearsal sessions.

In signing below, I acknowledge that my child's medical information may be shared, on a need-to-know basis, with BWSD staff, volunteers and chaperones.

Signature of parent or guardian

Date

Student and Parent/Guardian Contact Information

In order to better communicate with the parents/guardians of marching band members, we annually compile parent/guardian contact information for each of the students. This information will under no circumstances be distributed to sources outside of the band.

Student and parent names, addresses and phone numbers will be published in a student directory, available to all students, to assist with students acquiring rides to rehearsal, etc. We will also add any phone numbers or email address listed below to our phone and email broadcast lists. If you would like any of your information to be excluded please mark the appropriate box below. Your information will then be used by staff only for the purposes of communicating with you and your student.

Directory/Broadcast Information:

Student's first and last name _____

Parent(s)/Guardian(s)' name(s) _____

Street Address _____

City, State, and Zip _____

Home phone _____ Alt. Phone _____

Student Grad Year _____ Instrument _____

Parent/Guardian's email address _____

Student cell phone _____

Student email address _____

Student T-shirt size _____

Optional:

- Please withhold my address from the band directory
- Please withhold my phone number from the band directory
- Please withhold my email address from the band directory
- Please withhold my phone number from the BHS Band phone broadcast list
- Please withhold my email address from the BHMP Broadcast email list

OPTIONAL PUBLICITY EXCLUSION FORM

_____ I wish to have my child's name, portrait, voice, and talents, or his/her properties **excluded** from any film or photograph produced by the Baldwin Highlander Music Patrons during the upcoming school year.

Please only sign here if you wish to have your child **excluded**: _____
Parent Signature Date

HANDBOOK ACKNOWLEDGEMENT

I, _____ acknowledge that I have read the Baldwin Highlander Handbook and reviewed it with my child. I agree to abide by all listed rules and policies and assist in enforcing them with my child.

Parent Name

Parent Signature

Date

I, _____ acknowledge that I have read the Baldwin Highlander Handbook. I agree to abide by all listed rules and policies at all times.

Student Name

Student Signature

Date

Baldwin-Whitehall School District Instrument Responsibility Form

THIS SECTION FOR PERSONAL INSTRUMENTS ONLY

The Baldwin-Whitehall School District is very aware of the value of musical instruments. While all possible steps are taken to insure the safety of all musical instruments used in BWSD ensembles, the possibility always exists for damage/theft of personal instruments to occur. Although great care will be taken to insure the safety of all personal instruments the BWSD does not take responsibility for personal musical instruments used during school activities, including rehearsals and performances. Similarly, the BWSD does not take responsibility for any personal instruments stored in BWSD facilities or on BWSD transportation at any time.

By signing this statement you agree to hold harmless the Baldwin-Whitehall School District, its employees and representatives, the Baldwin Highlander Music Patrons, and their representatives and volunteers from responsibility for any damages or losses to personal musical instruments while participating in Baldwin-Whitehall School District activities. Failure to sign this form could be considered sufficient reason to preclude a student from using their personal instrument in a BWSD activity.

The approximate value of my instrument is: _____

Make of instrument: _____
(ex. Yamaha Xeno Trumpet)

Serial Number: _____
(ex. #579303)

(Print Student Name) (Parent Signature) (Date)

THIS SECTION FOR SCHOOL-OWNED INSTRUMENTS ONLY

The useful life of a musical instrument is dependent upon the quality of care that is exercised in its use. In accepting and using a school owned instrument, the student and parents hereby take responsibility for its care, including cleaning and normal maintenance (oiling valves, cork grease, etc.). Any damage due to negligence or misuse will be repaired at the student's expense.

Instrument Type: _____ Make: _____ Model: _____

Serial Number: _____ Included Equipment: _____

Condition of Instrument: _____ Replacement Cost: _____

In signing below, we agree to all of the above terms and conditions and acknowledge our responsibility in caring for our child's assigned instrument. We agree to pay for all repairs associated with misuse or negligence regarding my student's assigned instrument.

(Print Student Name) (Parent Signature) (Date)

PARENT VOLUNTEER INTEREST FORM

Parent Name: _____

Student Name: _____

Email: _____ Phone: _____

First, please note that we will need EVERYONE'S help with our four annual "big" events:

DCI TOB Outdoor TIA Preview Show TIA Championships

Please check our calendar at hsband.bwmusic.net/calendar.html and mark the dates for these events on *your* calendar!

Please check all areas of interest. Make note of any relevant expertise/experience. Please note that this form is only to indicate interest...no commitment yet! Some positions below require completion of the BWSD Volunteer Application, available on our website at hsband.bwmusic.net/documents.html. We look forward to working with you to give our kids the best possible band experience!

- | | |
|---|---|
| <input type="checkbox"/> Patron Officer | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Chaperone | <input type="checkbox"/> Patron Clothing |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Banquet Planning |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Pool Party/Senior Recognition Dinner |
| <input type="checkbox"/> Clerical/Admin | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Public Relations/Publicity | <input type="checkbox"/> Ways and Means/Fundraising |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Hoagies |
| <input type="checkbox"/> Funnel Cakes | |

Optional: Not sure what to check? Consider answering the true/false questions below. We'll be in touch to discuss where your abilities and interests might best fit in.

- | | |
|--|--------|
| - I am a good verbal communicator and enjoy talking to people | T or F |
| - I am good at written communication and enjoy making publications | T or F |
| - I enjoy working with my hands and building things | T or F |
| - I love to cook and serve food | T or F |
| - I enjoy planning events for large groups | T or F |
| - I am organized and great at secretarial work | T or F |
| - I love working with kids | T or F |
| - I am good at working with money and managing numbers | T or F |
| - I have experience with and enjoy sewing and modifying garments | T or F |