

ALLEN ISD FINE ARTS

STANDARDS OF BEHAVIOR AND OFF CAMPUS TRAVEL POLICIES

Membership in the Allen ISD Fine Arts is an honor and a privilege. Participation comes with a higher standard of behavior than the Allen ISD Student Code of Conduct and may condition membership or participation on adherence to those standards. Extracurricular standards of behavior may take into consideration conduct that occurs at any time, on or off school property. Extracurricular behavioral standards shall not have the effect of discriminating on the basis of gender, race, color, disability, religion, ethnicity or national origin. Student's and parent's signature acknowledge they have read these behavioral standards and consent to them as a condition of participation in Allen ISD Fine Arts programs.

Students who represent Allen ISD are expected to maintain very high standards in every respect at all times. They are expected to attend and be on time for all sessions and activities scheduled. In the event of overnight trips, they are expected to be in their rooms at the times designated by their sponsors. Each student will be responsible to one or more faculty sponsors who will supervise the activities of the student for the trip. Negligence in attending sessions, in meeting curfew requirements, or in failing to maintain our standards of conduct may make it necessary for the sponsor to send the student home at his/her own expense. Video/audio equipment is used for safety purposes to monitor student behavior on buses and campuses. Recordings shall be reviewed as needed by the principal, and evidence of student misconduct shall be documented.

Self-discipline is the key element when representing Allen ISD off campus or when on a school-related trip. Students who are involved in a serious disciplinary offense, such as the use, possession of, or being under the influence of illicit drugs, tobacco, or alcohol, stealing, violence, going in the room of a member of the opposite sex, or some other serious offense will face disciplinary action which may include one or more of the following:

1. The student will be sent home from the trip at the parents' expense.
2. The student will be held liable for damages to property.
3. The student may be removed from this school activity as well as other school co-curricular activities.
4. The student may be placed in In-School-Suspension (ISS), Off-Campus-Suspension, or Alternative Education Placement.

Student's attire during school activities outside the school day should be in good taste. While it is inevitable there will be differences of opinion regarding the appropriateness of a student's attire, the final decision lies with the directors. All adults on trips will serve as sponsors when traveling with a group. Students will be expected to treat them with respect at all times.

REMEMBER – Even though you will not always be wearing a shirt with an Allen logo, people will find out where you are from and what group you represent. You have the opportunity to make a tremendous name for Allen and for yourself. Be courteous and polite at all times. There is no way we can anticipate every possible scenario, so we ask for good judgment. Please use common sense. **RULE OF THUMB:** If there is any question in your mind as to whether you should do something or not...DON'T DO IT! It is better to be safe than sorry.

WE ARE CONFIDENT OF ALL FINE ARTS STUDENTS' CONDUCT AND THEIR ABILITY TO BE GOOD AMBASSADORS FOR ALLEN ISD. IF WE ANTICIPATED A PROBLEM, WE WOULD NOT TRAVEL.

ALLEN ISD FINE ARTS

**STUDENT/PARENT AUTHORIZATION & RELEASE
FOR OFF-CAMPUS ACTIVITIES**

The Allen Independent School District (“AISD”) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various off-campus activities associated with the Allen Fine Arts program. I understand that AISD may not provide transportation to and from all activities. Students are expected to use school transportation to and from ALL activities, if provided. In the event that AISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to participate in off-campus activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

PARENT/GUARDIAN – STUDENT RELEASE & AGREEMENT

I HAVE **READ** AND **DISCUSSED** ALL THE INFORMATION IN THE HANDBOOK WITH MY SON/DAUGHTER, AND I UNDERSTAND ITS CONTENTS AND MY RESPONSIBILITY AS TO THESE POLICIES AND CONSENT TO THEM AS A CONDITION OF PARTICIPATION IN ACTIVITIES. I UNDERSTAND THAT BY MY SIGNATURE BELOW, AND THAT OF MY SON/DAUGHTER, WE HAVE ACKNOWLEDGED THAT PARTICIPATION IN THE ALLEN ISD FINE ARTS COMES WITH A HIGHER STANDARD OF BEHAVIOR THAN THE ALLEN ISD STUDENT HANDBOOK AND THAT MY SON’S/DAUGHTER’S MEMBERSHIP AND PARTICIPATION IS CONDITIONED UPON ADHERENCE TO THOSE STANDARDS. MY SON/DAUGHTER HAS MY PERMISSION TO ATTEND DISTRICT AND OUT-OF-DISTRICT TRIPS. I UNDERSTAND THAT ALLEN ISD AND ALLEN HIGH SCHOOL WILL NOT BE LIABLE FOR INJURIES AND MEDICAL COST FOR STUDENTS. MY SIGNATURE ALSO SERVES AS PERMISSION FOR MY SON/DAUGHTER TO OBTAIN MEDICAL TREATMENT ON A SCHOOL-SPONSORED TRIP.

Student Name (PRINT)

Parent/Guardian Name (PRINT)

Student Signature/Date

Parent Signature/Date

ALLEN ISD FINE ARTS PERMISSION AND EMERGENCY RELEASE

As part of its educational program, the Allen Independent School District ("AISD") has organized a variety of educational and learning activities and trips in which your child will have an opportunity to participate. These trips and activities are designed to benefit students by providing unique learning experiences and exposure to new and different people and places in a supervised setting. School personnel will keep you informed of the upcoming activities in which your child will have the opportunity to participate.

I, the undersigned, the parent and/or legal guardian of the student identified below, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to travel with school personnel on the educational enrichment activities and trips the school has planned and to participate in all scheduled activities involved in the trip or activity.

In the event of an emergency necessitating medical attention to the student identified below, I hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted.

I acknowledge that liability of AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: _____ Sex _____ Age _____ Date of Birth ____/____/____
Last First MI

Present Address: _____
Street City State Zip

Parents or Legal Guardians: _____ Home Telephone: _____ Cell Phone#: _____

Other responsible party: _____ Home Telephone: _____ Business Telephone: _____

Health Insurance Co.: _____ Policy Number: _____ Health Ins. Tel. # _____

Medical History of Student: (Please check Yes or No)				** Please check medication your child can receive				
	Yes	No		Yes	No	Ye s	No	
Diabetes	___	___	Dizziness	___	___	Acetaminophen (Tylenol)	___	___
Drug Allergies	___	___	Convulsions	___	___	Ibuprofen (Advil)	___	___
Asthma	___	___	High Blood Pressure	___	___	Throat Lozenges/cough drops	___	___
Epilepsy	___	___	Heart Disease	___	___	Antacids (Tums)	___	___
Fainting Spells	___	___	Stomach Disorder	___	___	Lotions, Creams, ointments	___	___
Kidney Disease	___	___	Hay Fever	___	___	Diphenhydramine (Benadryl)	___	___
Liver Disease	___	___				Dramamine	___	___

Surgery/ies (within the last year): _____

Emotional problem (i.e. hyperventilation, hysteria): _____

Serious medical problems not mentioned above: _____

Tetanus (last injection date): _____ Allergies to drugs: _____

Allergies to foods & other agents: _____

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know. _____

 Parent/Guardian Signature and Date

 Parent/Guardian Name (PRINT)