



# ALLEN HIGH SCHOOL ESCADRILLE

300 RIVERCREST BLVD ▶ ALLEN, TX 75002 ▶ [WWW.ALLENBAND.COM](http://WWW.ALLENBAND.COM)

## THIS WEEK IN BAND (TWIB) NOTES: 8/19

### UIL PRE-PARTICIPATION PHYSICAL FORMS VS. FINE ARTS PERMISSION & EMERGENCY RELEASE FORMS

There has been some confusion between our NEW UIL Pre-Participation Physical forms and our OLD Permission & Emergency Release Forms. We need BOTH forms in order to participate. Both forms are below.

- UIL Pre-Participation Forms: This is a NEW form required by UIL/State of Texas. These need to be turned in just to participate in the band program. Most everybody has done this. If you have not turned in your form, you will be pulled from rehearsals this week until you have turned this form in.
- Fine Arts Permission & Emergency Release Forms: This is an old form required by AISD. Failure to turn this form in will result in pulling you from the first football game on 8/30 (and receiving a zero for the game).

### ATHLETIC CONFLICT & SEMINARY FORM

If you have AHS/LFC athletic practices that conflict with morning rehearsal and require an agreed rehearsal/practice split or attend morning Seminary (in case you are tardy), please fill this form out ASAP so your attendance grades will be adjusted accordingly. PLEASE NOTE: IF YOU ARE STILL IN TRYOUTS, DO NOT COMPLETE THIS FORM. Please continue completing the "Excused Absence Request Form" every day until you have successfully made the team.

You can find the Athletic/Seminary form here: <https://forms.gle/wpZf8bxxjrKZeQiv8>

### WEEKLY ASSESSMENTS BEGIN THIS WEEK

Every Thursday, all AHS Band students are to turn their Canvas assessment video on Thursday by 11:59pm. All LFC students are assessed in class (marching music) and/or Canvas assignments (Scales/Region Music) due by 11:59pm on Sunday. Students can look up their assignments, the grading rubric, and submission page on Canvas.

- 1<sup>st</sup> Period AHS Assignment submitted on Canvas: Part 1 (only the parts you play with metronome; do not count rests)
- 8<sup>th</sup> Period AHS Assignment submitted on Canvas: Fight Song by memory
- LFC Students: Fight Song by memory in class (no Canvas Assignment this week)

### TAILGATE: MONDAY, AUGUST 26

Eighth grade band students from Curtis, Ereckson, and Ford Middle School Students will join us at the Track Stadium for Tailgate 2019! We will not have food provided, please eat before coming. AHS/LFC Call Time will be 6:45pm in the "drill-team block." Students will be required to Scan-In as this is a required performance. Here is a brief itinerary

- 6:30pm Middle school students arrive for rehearsal
- 6:45pm AHS/LFC students arrive for attendance
- 7:00pm TAILGATE 2019 BEGINS
- 8:00pm Done & Dismissed

### PRIVATE LESSONS

Now is the time to sign-up for private lessons if you have not so already. This is the best way to supplement daily band classes to become the best musician you can be!

Link to our Private Teachers:

[https://www.allenband.com/content.aspx?page\\_id=22&club\\_id=207916&module\\_id=318368](https://www.allenband.com/content.aspx?page_id=22&club_id=207916&module_id=318368)

Please note our new teachers:

- Dr. Jun Qian – clarinet
- Dr. Sterling Fry – saxophone

- Rahim Rupani – saxophone
- Seth Galtier – trumpet
- Patrick Brink – trumpet (not new, but new to allenband.com)
- Eric Wallace – trombone
- Dr. Adam Davis – percussion

We will also be adding more horn, euphonium, and percussion teachers soon!

### **VOLUNTEER OPPORTUNITIES**

- Volunteers are needed for the Tailgate Event on 8/26, you can sign up at [https://www.allenband.com/content.aspx?page\\_id=22&club\\_id=207916&module\\_id=316430](https://www.allenband.com/content.aspx?page_id=22&club_id=207916&module_id=316430). Questions, email Julie at [volunteers@allenband.com](mailto:volunteers@allenband.com)
- There are also needs for volunteers to serve on various committees such as inventory, traffic, communications and more. You can find information at [https://www.allenband.com/content.aspx?page\\_id=42&club\\_id=207916](https://www.allenband.com/content.aspx?page_id=42&club_id=207916)

### **SPIRIT WEAR**

- Spirit Wear is on sale now! You can find it on the online web store at [https://www.allenband.com/content.aspx?page\\_id=582&club\\_id=207916](https://www.allenband.com/content.aspx?page_id=582&club_id=207916). This includes Colorguard and percussion spirit wear.
- If you have items to pick up from registration, membership or an online order it will be available for pick up at the Tailgate Event on Monday, August 26. Questions, email Amber at [fundraising@allenband.com](mailto:fundraising@allenband.com) For membership questions please email Joey at [membership@allenband.com](mailto:membership@allenband.com)

### **IMPORTANT WEB-LINKS**

**Music Folder (to print):** [https://drive.google.com/drive/folders/1\\_Lo1e7dvCtm9invPuD8doTcQyg9m9OFu](https://drive.google.com/drive/folders/1_Lo1e7dvCtm9invPuD8doTcQyg9m9OFu)

**Private Lessons:** [https://www.allenband.com/content.aspx?page\\_id=22&club\\_id=207916&module\\_id=318368](https://www.allenband.com/content.aspx?page_id=22&club_id=207916&module_id=318368)

**Registration Info:** <https://docs.google.com/document/d/1xw7azeEXgOor6kjpRKko5KFkO2i10srKwyUqW98L9RE/edit?usp=sharing>

### **THE NEXT THREE WEEKS**

8/19: 7am Rehearsal

8/20: 7am Rehearsal

8/21: 7am Rehearsal

8/22: 7am Rehearsal; AHS Assessment Due on Canvas

8/23: 7am Rehearsal

8/26: 7am Rehearsal; Tailgate (6:45pm Call Time)

8/27: 7am Rehearsal

8/28: 7am Rehearsal

8/29: 7am Rehearsal; AHS Assessment Due on Canvas

8/30: 7am Rehearsal; AHS Pep Rally (1<sup>st</sup>), Home Game vs. Cedar Hill (5pm Call Time)

9/1: LFC Assessment Due on Canvas

9/2: No Rehearsal, No School (Labor Day)

9/3: 7am Rehearsal

9/4: 7am Rehearsal

9/5: 7am Rehearsal; AHS Assessment Due on Canvas

9/6: 7am Rehearsal; Home Game vs. Dickinson (5pm Call Time)

9/7: LFC Assessment Due on Canvas

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, how many times? _____                  When was your last concussion? _____                  How severe was each one? (Explain below) _____                  Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, check appropriate box and explain below:</p> <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>19. When was your first menstrual period? _____                  When was your most recent menstrual period? _____                  How much time do you usually have from the start of one period to the start of another? _____                  How many periods have you had in the last year? _____                  What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i></p> <p>20. Do you have two testicles? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

**An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.**

**\*\*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* **Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

**MUSCULOSKELETAL**

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/

# 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. # \_\_\_\_\_

<b>Medical History of Student: (Please check Yes or No)</b>				<b>** Please check medication your child can receive</b>				
	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)