

PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT FORM



Student Name: _____

No student may be required to attend practice for marching band for more than 8 hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to 1 additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of activities subject to the UIL Marching Band 8-Hour Rule:

- Marching band rehearsal (both full band and components)
- Any marching band group instructional activity
- Breaks
- Announcements
- Debriefing and viewing marching band videos
- Playing marching band music
- Marching band sectionals (both director and student led)
- Clinics for the marching band or any of its components

The following activities are not included in the 8-Hour Time Allotment:

- Travel time to and from rehearsals and/or performances
- Rehearsal setup time
- Pep Rallies, parades and other public performances
- Instructions and practice for music activities other than marching band and its components

NOTE: An extensive Q&A for the 8-Hour Rule for Marching Band can be found on the Music Page of the UIL website at: www.uil.utexas.edu

“We have read and understand the 8-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature: _____  Date: _____

Student Signature: _____  Date: _____

This form is to be kept on file by the local school district



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On-Campus Practice Medical Consent Form

STUDENT: _____

This form is in effect while students are practicing **OUTSIDE OF THE SCHOOL DAY** while on the Johnson High School Campus. Often a nurse or trainer is unavailable. This form provides the Band Director, who is trained in CPR/First Aid, permission to dispense medication.

Permission for the Dispensing of Non-Prescription Stock Medications: Stock Medication for minor symptoms will be dispensed in accordance with dosages prescribed by the manufacturer. Dosages of other items or beyond what is prescribed on the packaging will **not be** administered.

Authorization of each must be indicated with the parent/guardian signature. No signature will be interpreted as disapproval.

<u>Medications</u>	<u>Purpose</u>	<u>Authorization</u>	<u>Parent/Guardian Signature</u>
Tylenol Acetaminophen	Fever/Pain Relief	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Advil Ibuprofen	Fever/Pain Relief Anti-Inflammatory	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Benadryl Diphenhydramine Hydrochloride	Mild Allergy	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Imodium AD Loperamide Hydrochloride	Anti-diarrheal	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Tums Calcium Carbonate	Indigestion/Antacid	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sunscreen Lotion/Spray/Stick	Sunscreen	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Medications: All medications for individual students that must be taken must be brought by the student's parent/guardian to the authorized and trained district employee or authorized and trained parent (RN, LVN, MD) responsible for the student's medication. Medications must be in the original container or prescription bottle with proper labeling. All medications must have a note from the parent with specific directions in regard to dosage and times of administration. **No student may have any medications (Prescription/Non-Prescription) on their person except as described below.**

Emergency Medications/Diabetic Medications and Supplies/Prescription Birth Control Medications: Inhalers, Epipens, Glucagon Kits, Insulin and diabetic supplies or other emergency medications and prescription birth control medications are to be provided by the parents in the correctly labeled prescription container. If requested, permission for students to carry these medications for self-administration must have written physician and parent authorization. New or completed forms that have already been submitted for this purpose at school may be obtained from the school nurse.

An authorized and trained district employee or authorized and trained parent (RN, LVN, MD) will administer **all** medications not authorized for self-administration. Documentation of dates and times of administration and signatures of the authorized and trained district staff or authorized and trained parent (RN, LVN, MD) will be kept on an official NEISD Medication Administration Record.

I hereby certify that I fully understand the procedures/permission for the dispensing of Prescription/Non-Prescription Medications.

Student Signature

Date

Parent/Guardian Signature

Date



North East Independent School District

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8961 TESORO DRIVE • San Antonio, Texas 78217

Phone (210) 804-7147, Fax (210) 804-7171

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Parent Travel Consent Form 2019 - 2020

This form consents participation in school-sanctioned activities during the 2019-2020 school year as a member of the Claudia Taylor Johnson High School Band.

Faculty Sponsor: Mr. Jarrett Lipman

Student: _____ Grade Level: _____
Address: _____ Home Phone: _____
City: _____ State: _____ ZIP Code: _____

Father's Name: _____ Father's Cell #: _____
Father's Work #: _____
Mother's Name: _____ Mother's Cell #: _____
Mother's Work #: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errands and activities related to duties of and assignments made to members enrolled in the Claudia Taylor Johnson High School Band class. The mode of transportation may be NEISD or commercial bus, or a private vehicle driven by school personnel, a parent, the above-named student, or another member of the Claudia Taylor Johnson High School Band.

The student has my permission to drive a vehicle and to transport other students.

I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in Claudia Taylor Johnson High School Band activities. I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities of this organization, and (iii) subjected to other appropriate disciplinary measures.

I agree to, and hereby, release **North East Independent School District** and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency and with the approval of the sponsor or another **NEISD** employee, I give my approval and authorization for first aid treatment and any medical treatment by local physician and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information or comments: _____

This form must be signed and returned to the sponsor before the student will be permitted to participate in any off-campus activities of this organization.

Date: _____

Signature of Parent: _____ **Sign Here**

Signature of Sponsor: _____

Signature of Student: _____ **Sign Here**



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Supplement to the Parent Travel Consent Form 2019 - 2020

Student Name: _____

Grade Level: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

The above-named student ("Student") has my (the undersigned parent's) consent to participate in school-sanctioned activities as a member of the Claudia Taylor Johnson High School Band with the following restrictions:

1 _____

2 _____

3 _____

4 _____

5 _____

Compliance with the above-described restrictions will be the responsibility of the Student and **NOT NEISD** or any of it's agents, trustees, volunteers or employees. The Student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

Date: _____

Signature of Parent: _____

Sign Here

Signature of Sponsor: _____

Signature of Student: _____

Sign Here

PLEASE ATTACH A PHOTOCOPY (FRONT & BACK) OF INSURANCE CARD

PLEASE INCLUDE A COPY OF INSURANCE CARD



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Travel Consent/Health Form

STUDENT: _____ Date of Birth: _____

Insurance Coverage (Primary):

Insurance Company _____ Policy Number _____
 Group Number _____ Name of Policy Holder _____

Insurance Coverage (Secondary):

Insurance Company _____ Policy Number _____
 Group Number _____ Name of Policy Holder _____

Dental Coverage:

Insurance Company _____ Policy Number _____
 Group Number _____ Name of Policy Holder _____

Health Related Information About Student:

List allergies to food, medications, other. If none, so state. _____

Special Health Concerns. If none, so state. _____

Date of last Tetanus vaccine. _____

Name of student's physician: _____ Office Phone: _____

Name of student's dentist: _____ Office Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Parent/Guardian Name: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Alternate Adult Name: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Alternate Adult Name: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

North East Independent School District does not assume any financial responsibility, but will arrange for emergency care. By signing this form you are giving the appropriate school personnel authority to call EMS to transport and to obtain emergency medical care.

Sign Here

Parent/Guardian Signature

Date



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Medication Addendum to Travel Consent/Health Form

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I hereby certify that I fully understand the procedures/permission for the dispensing of Prescription/Non-Prescription Medications.

Student Signature

Date

Parent/Guardian Signature

Date

Claudia Taylor Johnson High School

Volunteer Form

Parent Name: _____

We NEED volunteers! The success of the band program is dependent on help from our parents. Please look through the list of opportunities. Indicate where you would be interested in volunteering your time and talents. If you need more information, we will be available to answer questions at the Volunteer Sign-Up Station during registration. All activities have an Executive Board Member and/or chairperson to provide help and support. THANK YOU for your willingness to help.

☐ **Concessions**

- All families are **REQUIRED** to work at least 3 concession events throughout the year

☐ **Crew**

- Help load & unload the band trailer at games and competitions
- Help with construction of props

☐ **Chaperones**

- Chaperone students at games, competitions, concerts, & events

☐ **Student Fundraising**

- Help with fundraising programs that benefit student accounts (Hams, Pies, HEB Cards, etc.)

☐ **Physician/Nurse**

- Available for medical assistance at games & competitions

☐ **Water Crew**

- Help provide water to the students at games & competitions

☐ **Communications/Publicity**

- Help with information disbursement, summer pool party, senior recognition, etc.

☐ **Hospitality**

- Help with breakfast/lunch, refreshments at band events

☐ **Spirit**

- Help in making posters for the band hall, cheering/send-off of buses for competitions

☐ **Band Banquet**

- Help in chaperoning, decorating, and organizing of our year end event

☐ **Merchandise**

- Help in sales & distribution of merchandise at band meetings, events, and football games

☐ **Annual Spaghetti Dinner**

- Help with ticket sales, running the kitchen, and staffing

☐ **Association Fundraising**

- Help with fundraising programs that benefit the band parent association

☐ **Canopy Setup/Takedown**

- Help with setup/takedown of the canopies during summer band camp

☐ **Silent Auction**

- Request & collect auction items

☐ **Uniforms**

- Help with sewing, cleaning, measuring of uniforms

☐ **Mulch**

- Help with sales and delivery during our mulch fundraiser

☐ **Craft Fair**

- Help with setup, advertising, and concessions during our craft fair (Fall & Spring)

☐ **Meals**

- Help with distribution of meals before football games, competitions, and other events.

☐ **Photography**

- Help take pictures/video at football games, practices, competitions, and other events.

Please list any other talents, skills, or resources to help the band:

Student Name: _____ Grade: _____

VOLUNTEERS ARE REQUIRED TO HAVE DPS CLEARANCE THROUGH THE DISTRICT.

TO CHECK ON YOUR NUMBER OR OBTAIN A NUMBER VISIT [HTTPS://PORTAL.NEISD.NET/VOLUNTEER](https://portal.neisd.net/volunteer)

Parent #1 (PRIMARY POINT OF CONTACT): _____

Parent #1 Mobile #: _____

Parent #1 E-Mail Address: _____

Parent #1 DPS Number: _____

Parent #2: _____

Parent #2 Mobile #: _____

Parent #2 E-Mail Address: _____

Parent #2 DPS Number: _____

Can we count on you to volunteer to help the Johnson Band?

☐ YES

☐ NO

Parent #1 Signature: _____

Sign Here

Parent #2 Signature: _____

Sign Here