

WEB SITE CONSENT

(STUDENT'S PHOTOS CANNOT APPEAR ON THE WEB SITE WITHOUT PARENTAL CONSENT)

I allow the MHS Band to post individual photographs of my child on the MHS Band Web site. I allow the MHS Band to post photographs of my child on the MHS Band Web site as part of a group photo (2 or more students).

WE NEVER POST STUDENT'S NAMES ON WWW.BANDMHS.COM

STUDENT (PRINT NAME)	SIGNATURE	DATE
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PARENT/GUARDIAN (PRINT NAME)	SIGNATURE	DATE
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Welcome back all band students and parents. I can't believe that we are starting a new and exciting season. As most of you know, my name is Cindy Beabout. I am the Band Nurse. I look forward to working with each of you as we begin another season. My goal is to provide the medical care necessary for your child while they are in my care.

Enclosed are the Medical History Form and the Physical Form. These need to be completed and returned to me by July 6, 2009. If your child has any medical conditions that you will need to discuss with me, please call. I would like to discuss these prior to Band Camp. Also students with injuries that will interfere with band practice need to call me prior to the start of Band to discuss treatments and limitations and provide me with a detailed slip from your doctor explaining limitations, treatments and any medication required (example limited marching, ice, and Tylenol). Please continue to send slips as your child's activity level increases or decreases.

If you have any questions or concerns please call me at Home: 304-296-1239 between 7p-9p
Cell: 304-276-0063 or see me at the evening band sessions. Please send the forms to me by July 6, 2009 to:

Cindy Beabout
1017 Twin Oaks Drive
Morgantown, WV 26508-9430

Thank You,

Cindy Beabout

Morgantown High School Band
109 Wilson Avenue
Morgantown, WV 26501

Medical History

Student's Name: _____ Date of Birth ____/____/____
(Please Print) Last First Middle

Health History: (check all that apply)

- Asthma
- Cardiac Problems
- Epilepsy or Seizures
- Diabetes
- Orthopedic Problems
- Other (Please explain) _____

Allergies: (check all that apply)

- Aspirin
- Insect Stings/Bites
- Penicillin
- Sulfa
- Tetracycline
- Other (Please explain) _____

Does student have medical insurance? Yes No Policy # _____

If yes, Name of Insurance Company: _____

Has student had a tetanus shot within the past 6 years Yes No Yr. given _____

We have permission to administer to your child: (Check all that apply.)

- Tums, Pepto-Bismol
- Advil, Motrin
- Dramamine
- Sore throat lozenges
- Abreva for cold sores
- Sunscreen
- Tylenol
- Aleve
- Benadryl
- Anbesol for mouth pain
- Lubricating Eye drops

Home medications. Name of drug, Dose, Frequency,

Above student is able to administer own medications. Yes No

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity? Yes No If yes, please explain: _____

Students Doctor _____ Phone # _____

Parent/Guardian Name: _____ Home # _____

Fathers Mobile # _____ Mothers Mobile # _____

Parent/Guardian Home Address _____

Parent/Guardian Employer _____ Work # _____

Emergency Contact: Name: _____ Phone # _____

(If unable to reach Parent/Guardian)

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation for the student named above to participate in the MHS Band and I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any band event for any injury.

Parent/Guardian signature

Date

<http://bandmhs.com/forms/MHS%20Band%20Medical%20History.htm>

Morgantown High School Band

P.O. Box 496

Morgantown, WV 26501

Physical Exam

Student's Name: _____ Date of Birth ____/____/____
(Please Print) Last First Middle

Height _____ Weight _____ Pulse _____ Blood Pressure ____/____

Visual acuity: Uncorrected ____/____ Corrected ____/____ Pupils equal in diameter Y / N

Mouth: Appliances: Y / N Missing/loose teeth: Y / N Carias in need o treatment: Y / N

Skin: Any infectious lesions: Y / N

Respiratory: Symmetrical breath sounds: Y / N Wheezes: Y / N

Cardiovascular: Rate _____ Irregularities: Y / N

Murmur: Y / N Murmur with valsalva: Y / N

Peripheral pulses equal: Y / N

Abdomen: Masses: Y / N Splenomegaly: Y / N Hepatomegally: Y / N

Genitourinary: Inguinal hernia: Y / N Testicles descended bilaterally: Y / N

Musculoskeletal: (Note any abnormalities)

Neck: Y / N Knee/Hip: Y / N

Shoulder: Y / N Ankle: Y / N

Elbow: Y / N Hamstrings: Y / N

Wrist: Y / N Scoliosis: Y / N

Recommendations Based on Above Evaluation:

After my evaluation, I give my:

____ Full approval

Morgantown High School Band 2009-2010 Registration/Parent-Student Contract

Student Name (please print) _____ Instrument _____ M/F _____ Grade _____ T-Shirt Size _____

Our Family will be on vacation from _____ to _____

Our child is participating in another school activity _____
List activity _____ Sponsor Name _____

Our child has a Medical/Legal/Financial need and will require special arrangements: Yes No

Band Camp Fees		Other Fees (check appropriate items)	
Regular Fee	Late Fee (after July 15)	Uniform (band)	\$35
MAY 1—Deposit \$125		Plume	\$10
JULY 15—Balance \$125		Instrument Rental	\$40
TOTAL \$250	TOTAL \$275	Percussion/Tuba Rental	\$50

*** These items will not be distributed until fees are paid!**

Parent Information: (please print!)

Parent/Guardian Name _____

Mailing Address _____

Phone# _____ Your occupation _____

Parent email _____

This is our means of keeping you informed!

Mail this completed form with your CAMP deposit check, payable to MHS BAND by May 15 to:

Morgantown High School Band
P.O. Box 496
Morgantown, WV 26507-0496

Fees may be paid with one check if convenient. Please note on your check your **child's name** and **for which items** the money should be credited!

Morgantown High School Band
Music Department
Parent/Student Contract

I intend to be a member of the Morgantown High School Music Department. During my tenure, I will not drink, smoke, take, use, or distribute any of the following:

1. ALCOHOLIC BEVERAGE OR DRUGS NOT PRESCRIBED BY A PHYSICIAN
2. CONTROLLED SUBSTANCES SUCH AS MARIJUANA, COCAINE, ETC.

Any violation of the above during school and extracurricular activities would fall under the Monongalia County Board of Education Drug Policy.

AS A BAND MEMBER DURING MY SEASON I AGREE TO:

- Conduct myself in an appropriate manner, and display good sportsmanship when representing Morgantown High.
- Refrain from tobacco products and/or any controlled substances during the season (as determined by WVSSAC calendar).
- Respect all teaching and support staff, other members, and facilities encountered (here and away).
- Return all school property at the end of the school year.
- Have NO UNEXCUSED ABSENCE from class.

Failure to comply with the ABOVE rules will result in the following in addition to any and all School, County, or State Board of Education Policies.

1. First Offense—The student will not be permitted to participate in the next scheduled event.
2. Second Offense—The student will be suspended. Appropriate disciplinary action will be taken. Suspension could be for the remainder of the season or a determined period.
3. Third Offense—The student will be withdrawn from the program.

If I am a member of any Music Department Program, I agree to follow the rules and guidelines established in this contract or by the director for the time of this activity. I understand the rules and the consequences for breaking any of them.

Music Department Member

Date

I have read the terms of this contract. I agree to uphold and follow through consistently with the guidelines mentioned. I understand that the consequences are non-negotiable.

Parent/Guardian

Date

PLEASE—Do not sign this contract if you cannot uphold this agreement with the school and your child. If you cannot agree, then please do not permit your child to try out!

MHS BAND AGREEMENT FORM

In order to insure that students and parents thoroughly read and understand the policies and procedures contained within the **MHS BAND HANDBOOK**, each student and parent/guardian must sign, date, and return this agreement form. **PLEASE COMPLETE AND RETURN THIS FORM TO THE DIRECTORS BY MONDAY, JULY 6TH**. Students must have a current, signed agreement form on file in order to participate in any MHS Band Activity.

BAND MEMBER AGREEMENT

As a member of the MHS Marching Band, I must maintain at least a 2.0 Grade Point Average and pass four major classes. Also, both in and out of the school environment, I will not use, purchase, possess, or distribute alcoholic beverages, tobacco products, controlled substances, or any form of non-prescription, illegal drugs.

Violations of this agreement during school time and extracurricular activities (including practice, travel, or events) will fall within the guidelines and penalties of the **Monongalia County Board of Education Substance Abuse Policy**. The penalties described in this policy will be enforced.

If the violation(s) of behavior(s) occur outside of the school environment or representation, it is the responsibility of the band member, their parent/guardian and/or law enforcement officials to inform the school administration and band director of any details pertaining to the incident. Following an investigation, and the band member's due process, the penalties of this policy can be administered.

The band department will support and cooperate with parent/guardian in any behavioral plan they wish to implement, provided this plan does not eliminate or reduce the penalties imposed by this policy.

Student Signature _____

Parent/Guardian Signature _____

I have read the **MHS BAND HANDBOOK** in its entirety, and I agree to abide by the policies and procedures contained herein. Further, I understand my responsibilities pertaining to attendance, student conduct, financial obligation, and uniform card, and I understand the possible consequences of failure to comply with the Monongalia County School, Morgantown High School, and MHS Band policies.