

ALBUQUERQUE PUBLIC SCHOOLS

PERMISSION TO PARTICIPATE AND AUTHORIZATION FOR MEDICAL SERVICES

THIS FORM IS TO BE FILLED OUT COMPLETELY AND RETURNED TO THE ACTIVITIES LEADER OR SPONSOR BEFORE THE STUDENT IS ALLOWED TO PRACTICE, COMPETE, PERFORM AND/OR PARTICIPATE IN EXTRA-CURRICULAR/CO-CURRICULAR ACTIVITIES.

The parent/guardian of _____, who attends Eldorado High School, hereby gives permission for this student to participate in ALL ELDORADO BAND ACTIVITIES.

Home Address	Home Phone Number	Business Phone Number
		BUS
Date of Activity	Type of Transportation	

The parent/guardian recognizes that activities and/or trips involve some degree of risk and that the school district cannot guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. If your child has special medical needs or routinely must take medication you must complete the reverse side of this form. A copy of this permission form will accompany the activity sponsor.

Students and staff are expected to display the virtues of respect, citizenship, caring, trustworthiness, fairness, and responsibility. All students who are participating in extra-curricular activities or field trips are expected to practice these qualities both on and off campus. Participation in extra-curricular activities is a privilege offered to and earned by students. Students engaged in these activities are serving as representatives of their school and community and are expected to maintain the highest standards of behavior at all times. Students are expected to abide by all the standards of the APS Student Behavior Handbook and the conduct code of their particular school.

Students who will require a prescription medication during the course of the field trip must advise the activity sponsor in advance. A copy of the doctor's medication order or prescription must be on file in the nurse's office. Special arrangements for the transporting of student medications may be required.

EMERGENCY CONTACT INFORMATION-PLEASE PRINT CLEARLY

Student Home Address

PARENT HOME PHONE NUMBER	PARENT WORK PHONE NUMBER
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NAME OF OTHER EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER
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MEDICATION(S) STUDENT IS TAKING KNOWN ALLERGIES TO MEDICATIONS OR FOODS

THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS

RE: MEDICAL SERVICES FOR ILL OR INJURED STUDENTS, STUDENTS WHO ROUTINELY MUST TAKE MEDICATIONS, OR WHO HAVE MEDICAL CONCERNS THAT MAY REQUIRE TREATMENT, WHILE PARTICIPATING IN SCHOOL-SPONSORED ACTIVITIES OR FIELD TRIPS.

Dear parent/guardian of _____,
NAME OF STUDENT

APS wishes to avoid difficulties in obtaining medical services for students who may become ill or injured during school-sponsored activities. As the parent/guardian of a student participating in a school-sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your child in case an emergency occurs. **You must provide direction if no consent is given.**

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the activity sponsor will consent to such services for your child by acting on your behalf based on written advance authorization. That authorization is in the consent form below. Selection of a doctor or hospital will be made on the basis of family preference, if known. If family preference is unknown, the student will be taken to the closest hospital or one consistent with existing circumstances.

AUTHORIZATION FOR MEDICAL SERVICES

I, the parent/guardian of _____, have read the above and hereby
Name of student

designate the sponsor of the field trip or activity to act on my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by me child while participating in school-sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

1. List medical concerns (including allergies) which sponsors and chaperones need to be aware of
_____.
2. Prescription medications that need to be taken by or administered to student while participating in extra or co-curricular activities _____.
3. Prescription medications that need to be taken by or administered to student in an emergency
_____.

PARENT SIGNATURE DATE

STUDENT SIGNATURE DATE

The above-named student is covered by medical insurance provided by

Name of Insurance Company Policy Number Policy Holder's Social Security Number

which will cover the cost of medical care resulting from injuries sustained while participating in the extra-curricular/co-curricular activities sponsored by the Albuquerque Public Schools, at home or away.

Parent/Guardian signature must be notarized.

County of Bernalillo
State of New Mexico

Subscribed and sworn to before me this _____ day of _____, 2006.

My Commission expires: _____.

Notary Public

*Two copies must be completed and notarized.
A notary public will be available at the
Band Camp Parent performance.*

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The parent/guardian of _____, who attends Eldorado High School,
Name of Student
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4. List medical concerns (including allergies) which sponsors and chaperones need to be aware of _____.

5. Prescription medications that need to be taken by or administered to student while participating in extra or co-curricular activities _____.

6. Prescription medications that need to be taken by or administered to student in an emergency _____.

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Parent/Guardian signature must be notarized.

County of Bernalillo
State of New Mexico

Subscribed and sworn to before me this _____ day of _____, 2006.

My Commission expires: _____.

Notary Public

*Two copies must be completed and notarized.
A notary public will be available at the
Band Camp Parent performance.*

VOLUNTEER SIGN UP

Volunteers provide essential assistance to the EHS Band program. Please check off areas in which you would be able to provide help. (See page 14 in the band manual for volunteer details)

Parent Name (s) _____

Phone _____ Email _____

Student Name (s) _____

STUDENT SUPPORT

- Chaperones – Football Games
- Chaperones – Competitions
- Parent Escorts - Marchathon
- Uniforms Committee – Distribution
- Uniforms Committee - Check-in
- Uniforms Committee - Inspection
- Pit Crew – Football Games
- Pit Crew – Competitions
- Pit Crew – Truck Driver
(*must be APS employee*)
- Drinks Committee

COMMUNICATIONS & MEDIA TECHNOLOGY

- Newsletter
- Website
- Programs – Concerts
- Photography & Video
- Band Yearbook
- Phone Tree

FUNDRAISING

- Flea Market
- Pageant of Bands event workers
- Pageant of Bands Ad Sales
- Magazine Sales
- Entertainment Books
- Poinsettia Sales
- Food Sales
- Drawing organization
- Drawing ticket sales
- Drawing donation requests
- Online programs
- Jazz Festival
- Major Events

CRAFTSPERSON SKILLS

- Carpentry
- Electrical Work
- Sewing
- Set Design
- Painting
- Art Work

We are always in search of new talents and new ideas. If you do not see your expertise, talent or skill listed here, but you'd like to participate, please make a note below.

Fundraising methods are radically changing. If you have a fundraising idea or a previously successful experience you think we should try, please list it below.

Questions? Call a band board member or Committee Chair for assistance
PLEASE BRING THIS FORM TO THE PARENT MEETING ON AUGUST 2, 2008


THANK
YOU!



CONTACT INFORMATION

This list helps us make sure you are in the information loop. A roster of student names and phone numbers only will be distributed to band members. All other contact information will be kept confidential and on file with the Executive Board.

✓	Check the statement that applies to you	Please Initial
	I wish for my student(s) name and phone number to be included in the band roster	
	Please do not release my student(s) name and phone number to the band	

Student Information	
Grade	Name
	Address
Birthday	Phone
	Email
	Instrument/Section
Parent Information	
	Name(s)
	Address
	Phone
	Email
If you prefer to have your statement or other information sent to more than one address, please provide the contact information here.	Name(s)
	Address
	Phone
	Email

GOLDEN BAND BOOSTER MEMBERSHIP FORM

Everyone has the opportunity to become a Golden Band Booster. There are three levels of support.

- **With your \$25 donation**, your name will be listed on the special recognition page of every band program printed and distributed throughout the school year.
- **With your \$50 donation**, you will receive two (2) tickets to the Pageant of Bands competition and your name will be listed on the special recognition page of every band program printed and distributed throughout the school year.
- **With your \$100 donation**, you will receive four (4) tickets to the Pageant of Bands competition and your name will be listed on the special recognition page of every band program printed and distributed throughout the school year.

All three levels of support offer the ultimate benefit – helping us provide a quality program for your student. Please consider filling out the form below and supporting the Eldorado High School Golden Eagle Band!!

\$25

\$50

\$100

Please charge the following Student Account:

My check for the total as listed above is included with this form.

Please list my Golden Band Booster membership as follows:

Signature: _____

Telephone: _____ **Date:** _____

Turn in at the Parent Meeting on August 4, 2007 **OR** Deposit in lock box in the Band Room **OR**
Mail to: Eldorado Band Boosters * P. O. Box 14424 * Albuquerque, NM 87191-4424