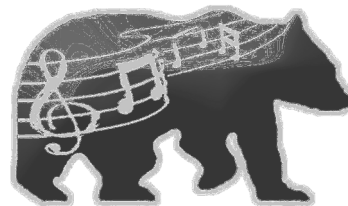


Bear River High School

Symphonic Band / Jazz Band / Color Guard

Marching Band / Pep Band

2011-12 Handbook Signature / Information Sheet



Student's Name: _____

I acknowledge that I have read the online Bear River Bands Handbook. I am aware of the suggested Band Participation Fee. I know that the Handbook will remain online as a quick reference. I understand that as a member of the Bear River Band I am expected to follow the guidelines detailed in this book. I understand that I am a representative of this band, Bear River High School, and my community at all times – especially during performances and while wearing my uniform or band shirt. I understand that the success of this team is dependent on my personal dedication and commitment.

I understand that all performance events are or will be listed on the online calendar (including: Jazz, Symphonic, Marching, Pep). I will include all applicable dates in my personal & family date books.

Please check the box if you do not wish to allow your son/daughter's individual picture and first name (last initial) to be included on the band website: No Web

Student Signature

Parent Signature

Parent(s) Name(s): _____

Student email: _____ Student Cell #: _____

Parent Email(s): _____

Home Phone: _____ Parent Cell #'s: _____

Safeway Club Card # (for eScrip fundraiser): _____

Please go to www.twitter.com/BearRiverBands, create an account, if needed, and click "follow" or simply text "follow bearriverbands" to 40404 for the most up to date information throughout the year directly to your cell phone via text message.

Please Join Us:

Mandatory Parent Meeting
Wednesday, August 24
7 PM
BRHS Band Room
These Forms Due By That Meeting

- Handbook Signature Page
- Authorization to Treat a Minor
- Zero Tolerance Policy
- Parent Permission Form
- Optional:
Driver, Chaperone, Medical

NEVADA JOINT UNION HIGH SCHOOL DISTRICT PARENT PERMISSION FORM

Dear Parents/Guardians and Students:

We want this trip to be a really great experience for everyone, so we all need to play by the rules. This form must be turned in to the teacher before your student may leave for the activity. There are no exceptions and the head chaperone must have forms in his or her possession before leaving school.

I _____, legal guardian for _____, give permission for him/her to participate in the following field trip:

Department	Date	Activity/Location
<p>I understand that my student assumes full responsibility for his/her own actions and shares responsibility for the group's actions. My student and I further understand that my student must abide by all rules and regulations set by the School Board of the Nevada Joint Union High School District, the school, and the trip chaperones. If any of these rules are broken, the participant will be held accountable and will be sent home at his or her expense. Disciplinary action will be dealt with the first school day back from the activity. If any of the district policies are violated, there is the possibility that your student may not participate in graduation.</p> <p><u>The District's "Zero Tolerance" policy will apply and be enforced during the entire period of the trip activity and by signing this document you are acknowledging to promise to abide by the terms of the Zero Tolerance policy established by the Nevada Joint Union High School District.</u></p>		

Some of the rules and regulations, which are to be adhered to by your student at all times while on the trip:

- ***Alcohol and Drugs:*** Absolutely no alcohol or drug use will be tolerated under any circumstances during the trip activity. Alcohol and controlled substances are illegal and are not permitted at any time during any school-sponsored activity. If your student is found under the influence, or if your student is in possession of alcohol or drugs, your student will be immediately expelled from the activity. The chaperones will write your student's referral when they return to school. The consequences will follow the Nevada Joint Union High School District Policy found in the student's handbook.
- ***Participants must stay with the group at all times.***
- ***Unacceptable conduct:*** Rowdiness, fighting, damaging property, foul language, any illegal act including shoplifting or stealing, and not following chaperones' rules. Again, the consequences and punishment will be the same as outlined in the student handbook.
- ***Appropriate dress code*** established by the student handbook.

Medications:

All medications the student must take during this field trip must be approved by the nurse's office a minimum of one week prior to the trip. Approval requires a written M.D. authorization even if the medicine is self-administered or an over-the-counter drug. Some of these medications (i.e. controlled substances) will need to be administered by a staff member.

My student and I have read the permission form and understand the responsibilities to participate in this activity. My student and I understand if any of the rules and regulations are broken, my student will be immediately expelled from the activity at our own expense, and he/she will be disciplined the first day the chaperones return to school. My student and I also understand that without this form signed, my student, without exception, will not be allowed to participate in this activity.

Student Signature	ID Number	Date	
Parent's Signature	Date		
Emergency Contact	Phone Number		

**NEVADA JOINT UNION HIGH SCHOOL DISTRICT
CONSENT TO TREAT FORM**

Name of Student _____ / _____ school year _____
School _____

All Field Trips for the _____ school year
has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written consent. If you approve of the following arrangements, please sign at the bottom and return the form to the faculty sponsor or coach.

AUTHORIZATION FOR TREATMENT OF A MINOR

(We) the undersigned parent(s) or legal guardian of the above-named minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made, to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Should any responsible school representative be unable to contact the undersigned after a reasonable attempt has been made, the undersigned do (does) hereby delegate to the responsible school representative the right to authorize medical or surgical care that is considered essential.

THIS FORM IS NOT REVIEWED BY SCHOOL MEDICAL PERSONNEL PRIOR TO TRIPS.
This health information will be provided to medical care personnel in case of an emergency during a field trip.

Birth date: _____ Last Tetanus or DPT: _____ Today's Date _____
List all medications the student takes: _____

NOTE: If student needs to take medications on the field trip or has special health concerns, it is the parent's responsibility to contact the school's nursing office prior to the trip.
List any restrictions or other pertinent medical information, including any allergies to food or drugs: _____

PARENT BOX

Student Insurance Info:
Company _____
Policy/Group # _____
Insured's name _____
Insured's name _____
Family Doctor _____
Emergency Contact Name & Phone # _____

I request in the case of medical emergency, illness, or injury that the supervisor take the above named student to a doctor or medical facility to receive emergency treatment.

Signature of parent or guardian _____

TEACHER/SPONSOR BOX

Date of trip: _____
Nature of Activity _____
Destination: _____
Departure time: _____ AM PM
Return Time: _____ AM PM

Means of Transport (sponsor check)
a. District owned bus _____
b. District owned vehicle _____
c. Commercial (name) _____
d. Private vehicle _____
e. Walking _____
f. Bicycle _____
Student insured, Yes _____ No _____

Trip Supervisor: _____

**NEVADA JOINT UNION HIGH SCHOOL DISTRICT
CONSENT TO TREAT FORM**

Name of Student _____ / _____ school year _____
School _____

All Field Trips for the _____ school year
has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written consent. If you approve of the following arrangements, please sign at the bottom and return the form to the faculty sponsor or coach.

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NOTE: If student needs to take medications on the field trip or has special health concerns, it is the parent's responsibility to contact the school's nursing office prior to the trip.
List any restrictions or other pertinent medical information, including any allergies to food or drugs: _____

PARENT BOX

Student Insurance Info:
Company _____
Policy/Group # _____
Insured's name _____
Insured's name _____
Family Doctor _____
Emergency Contact Name & Phone # _____

I request in the case of medical emergency, illness, or injury that the supervisor take the above named student to a doctor or medical facility to receive emergency treatment.

Signature of parent or guardian _____

TEACHER/SPONSOR BOX

Date of trip: _____
Nature of Activity _____
Destination: _____
Departure time: _____ AM PM
Return Time: _____ AM PM

Means of Transport (sponsor check)
g. District owned bus _____
h. District owned vehicle _____
i. Commercial (name) _____
j. Private vehicle _____
k. Walking _____
l. Bicycle _____
Student insured, Yes _____ No _____

Trip Supervisor: _____

NEVADA JOINT UNION HIGH SCHOOL DISTRICT

FIELD TRIP
ZERO TOLERANCE POLICY

The Governing Board of the Nevada Joint Union High School District has adopted a policy of ZERO TOLERANCE on the possession of loaded or unloaded fire arms, knives, explosive devices or any other dangerous weapons, the possession, sale, or being under the influence of a controlled substance or alcohol, committing or attempting to commit robbery or extortion, and on any student who causes, attempts to cause, or threatens to cause serious physical injury to another person.

Hereafter, any student who is found in possession of loaded or unloaded firearms, knives, explosive devices or any other dangerous weapons, has possession, sells, or is under the influence of any controlled substance or alcohol, commits or attempts to commit robbery or extortion, or causes, attempts to cause, or threatens to cause serious physical injury to another person shall immediately be suspended and may be recommended for expulsion, unless the particular circumstances of the case indicate that expulsion is inappropriate. No exception shall be made in the case of possession of a loaded or unloaded firearm.

In every case students, who violate provisions of the Education Code and Penal Codes referenced by this regulation, will be referred to law enforcement authorities.

Please sign below to indicate that you are aware of Nevada Joint Union High School District's ZERO TOLERANCE policy and agree to abide by it while participating in the field trip/activity referenced below:

All field trips for school year _____ Date _____

Parent Signature

Date

Student Signature

Student Printed Name

OUT-OF-STATE WAIVER

According to Education Code Section 35330, all persons going on a field trip or excursion shall be deemed to have waived all claims against the Nevada Joint Union High School District or the state of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion. All adults taking out-of-state field trips or excursions shall sign a statement waiving such claims.

The undersigned individual is participating in an out-of-state field trip and hereby waives all claims against Nevada Joint Union High School District for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion.

Dated _____

Parent Signature _____

Printed Name _____

Printed Student's Name _____