REQUIRED TRAVEL FORMS (All Field Trips and Overnight Trips) - DUE SEPT. 6, 2018

Student Trip Rules/Expectations – BMHS Band Program | 2018-2019

1. All school rules are in effect for the duration of the trip. Students who do not follow the rules and expectations of the trip will be subject to discipline as stated in the student handbook and discipline code.

2. Students **must** remain on assigned busses and in assigned hotel rooms. **NO** switching will be allowed. Don't even ask.

3. Consumption or possession of alcoholic beverages or any controlled substance is forbidden (violation of this rule is subject to disciplinary measures as set forth by the Board of Education and Discipline Code Book). Any student possessing any alcoholic beverages or any controlled substance will be immediately returned to Beloit via the most expedient method possible. Cost of the transportation for the student and an accompanying chaperone will be the parents'/guardians' responsibility.

4. All students are to stay with the group. Students will not be given permission to go to unscheduled places or events.

5. Student conduct is to be courteous and proper at all times: follow directions, know the itinerary, be on time, and respect yourself and others. **REMEMBER**, you are representing our music program, school, students, parents, and community.

6. Girls and boys are not permitted in the hotel rooms of the opposite sex at **ANY** time for **ANY** reason!

7. Students will be in their assigned rooms by the designated curfew. **You are not to leave your room under any circumstances after curfew/lights out**. (The only exception is a serious medical condition – please call your chaperone immediately.)

8. All persons sharing a room are responsible for its condition. Report any damage immediately to a chaperone. If the individuals responsible cannot be determined, the cost will be shared by all occupants. Additionally, all extra room charges (room phone, pay per view TV, etc.) will be sent to the parents/guardians. (We always ask the hotel to "turn off" any potential for extra charges. In most cases, they are able to accommodate.)

9. The Director (Mr. Behrens) will have total authority in all decisions.

10. Chaperones will assist with the rules of the trip. All students will be assigned a chaperone who will check rooms periodically, at lights out, and at checkout. Students are to respect all chaperones at all times (without them, we cannot go on trips!).

11. Any actions that require disciplinary actions will be referred to Mr. Behrens.

12. Disciplinary actions may include: being sent home; 24-hour supervision by a chaperone; disciplinary action when returning to school; etc.

13. Neither the school, director, nor chaperones assume responsibility for students after they leave the school grounds at the end of the trip.

Student Agreement Form BMHS Band Program 2018-2019

Student Name (print clearly): _____

I have read and do hereby acknowledge that I understand all the rules and regulations that will be in effect during the band program's trip(s) for the school year listed.

I understand that my refusal to follow these rules will result in my removal from the trip(s).

I also understand that if I am removed from the trip(s) and sent home it will be at my own cost or my parents/guardians expense.

My signature on this document is my pledge that my conduct on the trip(s) will be proper at all times, and that I will abide by all trip rules as presented and discussed.

Student Signature: _____

Date: _____

Student Cell Phone (for trip communications): _____

Parent Permission Form BMHS Band Program | 2018-2019

Student Name(s): _____

I hereby give the above named student(s) my permission to attend and participate in all planned activities for the following trips with the Beloit Memorial High School Band program:

(check all that apply):

	UW Band Day (All Band Students - sign-up required) Saturday, Sept.8
	WMEA Convention Performance (BMJO) - Madison, WI. Fri. Oct. 26
	Lawrence Univ. Jazz Festival (BMJE/BMJE) Fri./Sat. Nov. 2-3
	Purdue Univ. Jazz Festival (BMJE/BMJO) Fri/Sat. Jan. 18-19
	UW-Platteville Jazz Festival (BMJE/BMJO) Fri. Feb. 1
	Rolling Meadows Jazz Festival (BMJE/BMJO) Sat. Feb. 23
	Florida Trip (All Band Students) Wed. April 3 - Tues. April 9
	Performances in Beloit (All Band Students) Elem. Schools, etc. various dates)

I understand and follow the rules as stated in the Student Code of Conduct as well as our Student Trip Rules/Expectations. I also understand that any member not complying with these rules may be sent home immediately at his or her parents'/guardians' expense.

Parent/Guardian Name: _____

Relationship to student: _____

Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

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EMERGENCY MEDICAL/DENTAL AUTHORIZATION

Student's Name: _____ Date of Birth: _____ Grade: _____
Address: _____ School: _____ Home phone: _____

PURPOSE: For a safer school environment, parent(s) and guardian(s) authorize the provisions of emergency medical/dental treatment for children who become ill or injured while under school authority, including field trips when parent(s) or guardian(s) cannot be reached.

I/We, the parent(s) and guardian(s) of _____, a student in the School District of Beloit schools, do hereby authorize and direct the principal or his/her designee to provide for my child in the event such child shall have an accident, injury, or illness when immediate medical, surgical, or dental care is needed, provided there shall first be a diligent effort to notify me of the situation, and obtain my preferences by calling me at:

Name of Parent/Guardian:		Home Phone:		Cell Phone:	
Name of Parent/Guardian:		Home Phone:		Cell Phone:	

If such efforts to get in touch with me are unsuccessful I/We authorize the principal, or his/her designee, to transport my child to the emergency room of the Beloit Health System or nearest emergency facility, or to call the paramedics, if the principal or his/her designee deems such action warranted. At the hospital, the child shall be given treatment and care by a duly licensed medical professional. I understand that the School District of Beloit will not assume responsibility for medical expenses for my child. I agree to bear such responsibility and pay any such expenses incurred with respect to such a medical emergency. I understand that if my child participates in a school sponsored field trip, I give my consent and agree to release the School District of Beloit (District), its School Administrators, elected officials, employees and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind my child might suffer as a result of participating in the field trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor. All field trips are voluntary and require parental consent prior to participation in each field trip. **Your child may not attend field trips until this form is complete and returned to the school.**

Authorization for Disclosure of Medical Records: The undersigned hereby consents and authorizes the School District of Beloit to use or disclose any medical records or health information in the District's possession relating or belonging to my/our child, even if otherwise confidential or protected health information, to any medical facility, medical treatment professional, health care provider, or transportation provider for purposes of medical treatment in the event my/our child has an accident, injury, or illness or when immediate medical, surgical, or dental care is needed. Notwithstanding the foregoing, this authorization does not apply to records which may not be disclosed without the consent of a minor.

BELOW CHECK ANY CURRENT HEALTH CONDITION THAT MAY REQUIRE ATTENTION DURING THE SCHOOL DAY OR DURING A SCHOOL SPONSORED ACTIVITY. PLEASE INCLUDE PRESCRIBED, OVER THE COUNTER, AND HERBAL MEDICATIONS CURRENTLY BEING TAKEN. PLEASE LIST ALL THAT APPLY, EVEN IF YOU HAVE LISTED IT ON PAST FORMS.

- ☐ **ALLERGIES (BE SPECIFIC)**
  - **FOODS** _____ **REACTION** _____
  - **BEE STING OR INSECT BITES** _____ **REACTION** _____
  - **MEDICINE ALLERGY** _____ **REACTION** _____
  - **ENVIRONMENTAL / SEASONAL** _____ **REACTION** _____
  - **OTHER (ANIMAL/LATEX)** _____ **REACTION** _____
  - **DOES YOUR CHILD REQUIRE AN EPIPEN FOR THEIR ALLERGIC REACTION?** ☐ **YES** ☐ **NO**
- ☐ **ASTHMA:**
  - **MY CHILD USES HIS/HER INHALER:** ☐ **DAILY** ☐ **WEEKLY** ☐ **MONTHLY** ☐ **SEASONALLY** ☐ **EXERCISE ONLY**
  - **MY CHILD HAS USED MEDICATION FOR HIS/HER ASTHMA IN THE LAST YEAR:** ☐ **YES** ☐ **NO**
- ☐ **DIABETES: INSULIN DEPENDENT** ☐ **YES** ☐ **NO**
- ☐ **SEIZURE CONDITION: DATE OF LAST SEIZURE:** _____
- ☐ **CARDIAC (HEART) CONDITION, MY CHILD HAS:** ☐ **MURMUR** ☐ **HEART DISEASE**
- ☐ **OTHER HEALTH CONDITIONS (ADHD, AUTISM, BLOOD DISORDER, ETC…), PLEASE LIST** _____

_____

MEDICATIONS CURRENTLY BEING TAKEN: _____
PRIMARY CARE PHYSICIAN / PRACTITIONER for my child: _____
Address: _____ Phone #: _____
PREFERRED DENTIST for my child: _____
Address: _____ Phone #: _____

INSURANCE INFORMATION

1. RESPONSIBLE PARTY _____
2. EMPLOYED BY _____
3. INSURANCE COMPANY _____ PHONE _____
4. GROUP NUMBER _____

☐ I AM CURRENTLY NOT ENROLLED IN A HEALTH INSURANCE PLAN

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

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AUTORIZACIÓN PARA EMERGENCIA MÉDICA Y DENTAL

Nombre del Estudiante: _____ Fecha Nacimiento: _____ Grado: _____

Domicilio: _____ Escuela: _____ Tel: _____

PROPOSITO: Para un ambiente escolar seguro y sano los padre(s) y tutor(es) autorizan la provisión de tratamiento médico o dental de emergencia cuando los niños se enferman o se lesionan mientras están bajo la autoridad escolar cuando los padres o tutores no pueden ser localizados.

Yo, nosotros, los padres y tutor (es) de _____, un estudiante en el Distrito Escolar de Beloit, por la presente, autorizo y dirijo al director o su asignado que proporcione, en caso de que mi hijo tenga un accidente, lesión, o enfermedad cuando de inmediato se necesita la asistencia médica, quirúrgica o dental, siempre en cuanto previamente han hecho un esfuerzo diligente para notificarme de la situación y obtener mis preferencias llamándome al:

Nombre del Padre/ Tutor:	Teléfono Hogar:	№ Celular:
Nombre del Padre/ Tutor:	Teléfono Hogar:	№ Celular:

Si tales esfuerzos para ponerse en contacto conmigo no tienen éxito, yo/nosotros autorizamos al director o su asignado, para transportar a mi hijo a la sala de emergencia del Sistema de Salud de Beloit o sala de urgencia más cercana, o llamar a los paramédicos, si el director o su asignado determinan que tal acción se justifica. En el hospital, el niño se le dará el tratamiento y la atención de un médico profesional con licencia autorizada. Yo entiendo que el Distrito Escolar de Beloit no asumirá la responsabilidad de los gastos médicos de mi hijo. Yo estoy de acuerdo de asumir esa responsabilidad y pagar dichos gastos incurridos en relación con una emergencia médica. Yo entiendo que si mi hijo participa en una excursión patrocinada por la escuela, yo doy mi consentimiento y estoy de acuerdo en liberar al Distrito Escolar de Beloit (Distrito), sus administradores escolares, los funcionarios electos, empleados y supervisores voluntarios de cualquier y todos los daños, como resultado de muerte y/o lesiones de cualquier tipo que mi hijo podría sufrir debido a su participación en este viaje de estudio, a excepción de los que resultan por negligencia consiente, maliciosa y mala conducta intencional. Este acuerdo de liberación no se aplica para cualquier contratista independiente. Todos los viajes escolares son voluntario, y requieren el permiso del padre/tutor antes de que pueda participar en la excursión (viaje escolar). **Su hijo no puede asistir a las excursiones hasta que se complete el formulario de autorización médica y dental de emergencia y sea entregada a la escuela.**

Autorización para Divulgar los Expedientes Médicos: Por la presente, el firmante abajo afirma y autoriza al Distrito Escolar de Beloit para usar o divulgar cualquier documentos médicos o información médica en posesión del Distrito relacionado o perteneciente a mi/nuestro hijo, incluso, si la información de salud es confidencial o protegida, a cualquier centro médico, profesional de tratamiento médico o profesional de salud para los propósitos de tratamiento médico en caso de que mi/nuestro hijo tenga un accidente, lesión o enfermedad o cuando se necesita asistencia médica, quirúrgica o dental inmediata. No obstante lo mencionado previamente, esta autorización no se aplica a los registros que no podrán ser divulgados sin el consentimiento de un menor de edad.

ABAJO MARQUE CUALQUIERA CONDICIÓN DE SALUD QUE PUEDE REQUERIR ATENCIÓN DURANTE EL DÍA ESCOLAR O DURANTE UNA ACTIVIDAD PATROCINADA POR LA ESCUELA. POR FAVOR, INCLUYA LOS MEDICAMENTOS PRESCRITOS, MEDICINA SIN RECETA, Y HIERBAS MEDICINALES QUE ESTÁ TOMANDO/USANDO. ANOTE TODO LO QUE CORRESPONDA, AUNQUE LO HAYA ESCRITO ANTES EN FORMAS ANTERIORES.

☐ **ALERGIAS (SEA ESPECÍFICO)**

Alimentos_____reacción:_____
Picadas de abeja o insecto_____ reacción: _____
Medicamentos_____reacción:_____
Ambiental/ temporada _____reacción:_____
Otros (animal/látex) _____reacción:_____

¿Su hijo requiere una inyección epinefrina para su reacción alérgica? ☐ **Sí** ☐ **No**

☐ **ASMA:**

Mi hijo usa un Inhalador: ☐Diario ☐ semanal ☐ Mensual ☐ temporada ☐ para ejercicio solamente
Mi hijo ha usado medicamento para su asma en el último año: ☐SI ☐NO

☐ **DIABETES:** REQUIERE LA INSULINA ☐ **SI** ☐ **NO**

☐ **CONVULSIÓN:** FECHA DE LA ÚLTIMA CONVULSIÓN: _____

☐ **CONDICIÓN CARDIACA/CORAZÓN** MI HIJO TIENE: ☐ **MURMURO** ☐ **ENFERMEDAD DEL CORAZÓN**

☐ **OTRAS CONDICIONES MÉDICAS (TDAH, AUTISMO, TRASTORNO DE LA SANGRE, ETC.),** POR FAVOR DESCRIBA _____

_____