

Letter of Mutual Consent

****Please read entire document before signing.**

I, the undersigned student, accept membership in the Hillsboro High School Band and understand that I am responsible for all of the policies as set forth in the **Band Handbook which can be found on the band website www.hillsborohighband.org**. If you would like a printed copy of the Handbook, please email board@hillsborohighband.org or contact the band director, Geoff Fotland at 503-844-1980 ext: 3805. I fully agree to carry out my responsibilities to the very best of my ability.

(Student Signature)

(Date)

I, the undersigned parent or guardian, have read and understand the policies set forth in the **Band Handbook which can be found on the band website www.hillsborohighband.org**. If you would like a printed copy of the Handbook, please email board@hillsborohighband.org or contact the band director, Geoff Fotland at 503-844-1980 ext: 3805. I also grant full permission for my child to be an active member of the Hillsboro High School Band. In addition, my child has full permission to attend all band functions. Furthermore, I understand that I must meet all financial and volunteering obligations as set forth in the guidelines.

(Parent Signature)

(Date)

Type of Instrument: _____

Please circle: Own instrument School Instrument

Rental (name of rental company) _____

If using a school instrument please provide the following:

Manufacturer: _____

Serial Number: _____

Hillsboro High School

Band/Color Guard Participation Agreement

I understand that my personal commitment to practice and cooperate with the Marching Band is critical to the success of the band program as a whole.

I agree to attend ALL Marching Band practices.

I agree to attend ALL Marching Band competitions.

I agree to arrive on time for all practices and performance calls and to come with a positive attitude, musically prepared and physically ready to perform.

I agree to memorize my music, routines, and drill and to perform and participate at my personal best.

I understand that my participation in the Marching Program is directly related to the outcome of my grade in Concert or Symphonic Band.

I pledge to participate with my fellow band/color guard members to promote camaraderie and cooperation of effort towards performance excellence

I agree to use school district provided and scheduled transportation to all band activities including football games and marching competitions to and from.

Student Band/Color Guard Member Signature

Date

Parent/Guardian Signature

Date

Medical Information Form

STUDENT: _____

SEX (M) (F) BIRTHDATE __/__/____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

PARENTS/SUBSCRIBER: _____

PLEASE COMPLETE THE QUESTIONS BELOW. It is important that we have medical information in order that we may care for your student in case of emergency.

1. DOES THE STUDENT HAVE CHRONIC HEALTH PROBLEMS?

2. IS THE STUDENT ALLERGIC TO MEDICATIONS?

3. DOES THE STUDENT HAVE ALLERGIES?

4. IS THE STUDENT CURRENTLY TAKING ANY MEDICATION(S)?

5. WHAT IS THE DATE OF THE STUDENT'S LAST TETANUS SHOT?

6. PLEASE LIST ANY ADDITIONAL PERTINENT INFORMATION WE SHOULD BE AWARE OF.

7. NAME OF FAMILY PHYSICIAN: _____

8. TELEPHONE & ADDRESS FOR FAMILY PHYSICIAN:

In case of minor illness, the Hillsboro High School band director or chaperones have my permission to give over the counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen or Dramamine to my son/daughter.

YES _____ NO _____

Parent/Guardian Signature

Date

Medical RELEASE Form
Hillsboro High School Band, Hillsboro, Oregon
Consent for Medical Treatment

TO WHOM IT MAY CONCERN, I, the undersigned parent of guardian of:

Name of Student _____

Date of Birth _____

Hereby grant authority to the Band Director or any chaperone of the Hillsboro High School Band Boosters Assoc. standing in loco parentis, to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above mentioned minor.

Signature: _____ **Date:** ___/___/___

Parent's Printed Name: _____

GENERAL INFORMATION

Student: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Day Phone: _____

Employer: _____

Father's Name: _____ Day Phone: _____

Employer: _____

ALTERNATE TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Relationship to Student: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

FINANCIAL CONSIDERATIONS:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full, immediately upon receipt of the final billing.

SIGNATURE: _____ **DATE:** _____

RECURRING FIELD TRIP PERMISSION FORM

Dear Parent or Guardian:

Because of your child's involvement with our band, he/she will be taking part in a series of field trips during the course of the year. A tentative agenda of scheduled trips is contained in the Band Handbook. **** Please note** that the dates contained in the Band Handbook are tentative and may change without notice. Events may be added and/or deleted. It is the parent's/guardian's/student's responsibility to check the Band calendar at www.hillsborohighband.org on a regular basis.

All special activity trip regulations, local school rules, as well as those outlined in the Students' Rights and Responsibilities brochure will be enforced.

Please be advised that the school will take every precaution to provide for the safety of your child on each band trip. You are requested to grant permission for your child to attend and participate. You are also requested to relieve the school, the area and county boards, the administrators, the band director, and chaperones of liability for any accident that may occur on these trips.

Geoff Fotland
Band Director

Dear Band Director:

I grant permission for my child, _____, to go on the trips associated with band according to the *tentative agenda/schedule in the Handbook for the year. I relieve the school, the area and county boards, the administration, the band director, and chaperones of liability for an accident that may occur.

(Parent or Guardian)

(Date)

*The dates contained in the Band Handbook are tentative and may change without notice. Events may be added and/or deleted. It is the parent's/guardian's/student's responsibility to check the Band calendar at www.hillsborohighband.org on a regular basis.

School District Field Trip Permission Form



Hillsboro High School
3285 SE Rood Bridge Rd.
Activity
Hillsboro, OR 97123

**Parent/Guardian Permission
Off-Campus School-Sponsored**

School Hillsboro High School	Date of Activity 2019-2020	Student Name	
Description of Activity 2019-2020 Band Events <i>(Band Camp, Parades, Competitions, Marching and Symphonic Practices)</i>		Location of Event	Telephone if Available
		Hilhi and surrounding area (unless otherwise notified)	
		Housing & Food Arrangements	
		Supervising Teacher Geoff Fotland	School Phone (503) 844-1980 x3805

+ Trip Permission

I, the parent/guardian of the above named student, grant permission to the school to take him/her on the above described trip(s).

+ Medical Waiver

I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown above, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

Parent/Guardian Signature	Date	Home Phone	Work Phone
Policy Number		Name of Health Insurance Provider	

Hillsboro School District 1J

Parent Permission for Publication of Student Photo

Dear Parent:

It is our practice when preparing work for external publication or on the internet to seek parent permission before including their child's photo. In order to include your child's photo described below, we must have your signed permission. Last names of students will NOT be used on Internet projects. Please review the information, sign it and return to school.

If you have questions, please call me.

Staff Person: Geoff Fotland, Band Director at Hilhi

Phone: 503-844-1980 ext: 3805

Sign and Return to School

Staff Person, Geoff Fotland and HBBA (Hillsboro Band Boosters Assoc.), has my permission to publish a photo of my child _____ for an external publication or on the Internet.

Additional information: Primarily the www.hillsborohighband.org website.

I understand that my child's full name will not be published on the Internet.

Parent Signature

Date

Daytime Phone

Evening Phone

ABSENCE FORM

This form must be completed and turned in one week in the advance of any anticipated absence by a band student. (Excluding emergencies)

Student Name: _____ Today's Date: _____

Date of anticipated absence: _____

Reason for absence: _____

Please be specific! The policy is quite simple. If the school will excuse it, we will excuse it. If the school will not, we will not. "Important matters" or "family matters" are not considered excusable by the school.

Hillsboro High School will excuse for Death in the Family, Religious Holiday, and illness with a doctor's excuse. The doctor's excuse must be submitted to the school attendance office and a copy placed with the band director.

Parent Signature

Student Signature

All forms must be submitted to the Director of Bands and will remain on file in the band office for a period of one year.

Director's Signature

Date