

DRUG/ALCOHOL/SMOKING POLICY FORM
DESERT MOUNTAIN HIGH SCHOOL
2008-2009 Marching/Concert Season

Dear Parents and Students:

Welcome to another school year! If this is your first at Desert Mountain...welcome! Band is a special part of your student's educational experience. Our goal is to provide him/her with a rewarding, educational, enjoyable learning experience. Since the band spends so much time together, in many different settings, there is one rule that will result in discipline.

ANY STUDENT CAUGHT IN THE POSSESSION OF OR UNDER THE INFLUENCE OF DRUGS, ALCOHOL OR SMOKING DURING ANY BAND ACTIVITY WILL HAVE DISCIPLINARY ACTIONS TAKEN BY THE BAND DIRECTORS, THE SCHOOL AND DISTRICT.

Our responsibility for the safety of each student is one we take seriously. If you have any questions, please contact the band directors. Sign and return this letter in your packet, indicating that you have read and understood this policy. This form extends throughout the current 2007-2008 marching/concert season, which commences with Band Camp 2007.

Thank you,

Michelle Irvin
Desert Mountain Band Director
480-484-7054

Parent Signature

Student Signature

BOTH PARENT AND STUDENT SIGNATURES REQUIRED

Request for Administration of Medication from Band Medic Kit for the 2008-2009 Academic Year

I authorize the administration of the following medication(s) to my student according to the directions provided on the original package unless otherwise indicated below under Directions. This form will remain on file in the Desert Mountain High School Medical Book for the entire 2008-2009 school year. No medication will be administered to your student without your initials.

Strength in Medic Kit	Directions	Initials
Tylenol	325 mg	
Advil	200 mg	
Pseudoephedrine HCl	30 mg	
Tums	1 Tab	
Benadryl	25 mg	
Caladryl Lotion	Topical	
Hydrocortisone Cream 1%	Topical	
Neosporin	Topical	
Throat Lozenges	1 Tab	

ALLERGIC TO ANY MEDICATION? ___ Yes ___ No If yes, please explain:

Please list any medical conditions you would like the Band Director to be aware of:

Parent/Guardian Signature _____ Date _____

PARENT VOLUNTEER MEDICATION ADMINISTRATION FORM(S)

USE ONE FORM FOR EACH MEDICATION – COPY THIS FORM IF NECESSARY

I request the Desert Mountain Band Parent Volunteer serving as the designated First Aid person, to administer the student named below the following medication(s).

Student Name: _____

Allergies (Food/Drug): _____

Medication: _____

Dosage: _____

Time: _____

Dates: **2008-2009 Academic Year**

The above medication has been furnished by the undersigned. If it is a prescription medication, it is in its original pharmacy container labeled with the student's name, prescription number, name of medication, dosage, and number of times a day to be administered. If it is a non-prescription (over-the-counter) medication, it is in its original container. The date and time to be given and dosage to be administered are entered above.

I understand that all medication will be kept with the designated First Aid person, a Desert Mountain Band Parent Volunteer. I understand and have informed my student that it is his/her responsibility to report to the First Aid person for the administration of the medication at the prescribed time. I agree to, and do hereby hold the District, its employees, Desert Mountain Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

Transporting of Medication

Please **initial** below which method you intend to use to transport this medication to and from the Desert Mountain Band Parent First Aid person for the above stated event.

_____ I give permission for my student to transport medication(s) to and from the Desert Mountain Band Parent First Aid. In doing so, I agree to, and do hereby hold the District, its employees, Desert Mountain Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

_____ I will be responsible for personally delivering my student's medication(s) to the Desert Mountain Band Parent First Aid person.

Parent Signature: _____ Date: _____

Print Name: _____

Home #: _____ Work #: _____ Cell/Beeper/Pager #: _____

PARENTAL PERMISSION FORM
2008-2009 SCHOOL YEAR
SCOTTSDALE UNIFIED SCHOOL DISTRICT
DESERT MOUNTAIN HIGH SCHOOL

CONSENT AND AUTHORIZATION:

I, the undersigned, parent or guardian of _____, a minor, do hereby give consent for him/her to attend **BAND CAMP, PARTICIPATE IN THE ACTIVITIES, CONCERTS AND ALL OTHER BAND-SPONSORED EVENTS DURING THE 2008-2009 SCHOOL YEAR.**

I, the undersigned parent or guardian of the above-named student, do hereby give and grant unto any available medical doctor or hospital, by consent and authorization, consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should the above-mentioned student be injured or become ill while participating in an authorized band activity sponsored or sanctioned by the Desert Mountain High School Band.

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 on the part of a representative of the Desert Mountain High School Band to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

A photocopy of this authorization for care shall be as valid as the original document. It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current 2005-2006 marching/concert season.

Signature of Parent/Guardian Date _____
Signature of Band Director Date

(It's not necessary for you to obtain the signature of the band director...that will be done when your signature has been received.)

**STUDENT INSURANCE FORM
2008/2009 Academic Year**

SCOTTSDALE UNIFIED SCHOOL DISTRICT
Scottsdale, Arizona

STUDENT'S NAME (please print): _____ attends Desert Mountain High School.

PARENT/GUARDIAN NAME (please print): _____

I, the undersigned parent or guardian of the above-mentioned student, do hereby understand that the Scottsdale Unified School District requires all student participating in athletics, in any school-sponsored off-campus activities or to be enrolled in any classes considered to be in hazardous subject areas, such as shop, etc., to be covered by an insurance program. Fully understanding and accepting all responsibility and absolving the School Board and the School District in lieu of any required insurance for my son/daughter (ward). I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries while participating in the above-mentioned activities to the said student.

My son/daughter is covered by the following insurance:

Name of Insured _____ Phone _____ Employer _____

Name of Insurance Carrier _____

Group Number _____ Member ID _____

Is Pre-Certification Required? Yes No

If yes, please give phone number _____

Please provide a copy of your insurance card

**CHECK HERE IF YOU DO NOT HAVE INSURANCE
YOU MUST SIGN BELOW**

I, the undersigned parent or guardian of the above-named student, do hereby confirm with my signature below that I do not have insurance coverage of said student. By signing below, I acknowledge that I accept full responsibility for all expenses incurred of any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should the above-mentioned student be injured or become ill while participating in an authorized Band/Orchestra activity sponsored or sanctioned by the Desert Mountain High School Band.

Parent/Guardian Signature

Print Name

Date

STUDENT MEDICATION ADMINISTRATION FORM(S)

USE ONE FORM FOR EACH MEDICATION – COPY THIS FORM IF NECESSARY

I give permission for my student to self-administer the following medication(s).

Student Name: _____

Allergies (Food/Drug): _____

Medication: _____

Dosage: _____

Time: _____

Dates: **Band Camp 8/4/2008 to 8/9/2008**

The above medication has been furnished by the undersigned. If it is a prescription medication, it is in its original pharmacy container labeled with the student's name, prescription number, name of medication, dosage, and number of times a day to be administered. If it is a non-prescription (over-the-counter) medication, it is in its original container. The date and time to be given and dosage to be administered are entered above.

I understand that all medication will be kept with my student in a secure manner (unavailable to other students). I understand and have informed my student that it is his/her responsibility to administer the medication as prescribed. I agree to, and do hereby hold the District, its employees, Desert Mountain Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

Parent Signature: _____ Date: _____

Print Name: _____

Home #: _____ Work #: _____ Cell/Beeper/Pager #: _____