

2018 Faubion Band Handbook Forms

For best results, we recommend you have Adobe Acrobat Reader installed on your device you are using to complete the following forms. There is a free app for mobile devices named “Adobe Acrobat Reader” that makes filling out the paperwork very easy. Here are the following options to complete the forms:

Mobile Access (Recommended)

After accessing the link to this form through the website, copy the file to the Adobe Acrobat app. We recommend typing in all the information blanks first and saving the signatures for last. You can switch to signature mode by selecting the “Comment” Button (looks a Speech Bubble and Highlighter) and then select the Pencil tool. Sign all signature blanks at the bottom of a form and then click “Save” before scrolling to the next form to sign. Make sure to click “Save” between signatures for best results. Every form has at least one signature at the bottom of the page. After signing, click “Done”.

Once complete, click the “Share File” button located at the bottom right of the app screen. “Share original document” via “Mail” and please submit to kkazyaka@mckinneyisd.net.

Desktop/Laptop Access

After accessing the link to this form through the website, download the file and open in Adobe Acrobat, not in your website browser. Type information normally into all blanks except for signatures. You can create a digital signature after double clicking on a Signature Blank to enter into every Parent Signature blank, but you will need to create a separate signature for your student and any additional Parent signatures.

Once complete, make sure to save your file to your computer and then go to “File”, “Send File” via “Email” and please submit to kkazyaka@mckinneyisd.net.

Print/Scan

An additional option is to print the following pages, fill out normally with a black pen, then scan in the forms to your computer. Once scanned, you can email the file to kkazyaka@mckinneyisd.net.

MISD Student Co-Curricular

Extra Curricular Contract

I, _____, understand that it is a privilege and honor, not a right, to be a member of a McKinney ISD co-curricular/extracurricular activity.

I understand I must conduct myself with the utmost integrity and honesty as a student involved in co-curricular/extracurricular activities in McKinney ISD. I understand that my position as a student involved in co-curricular/extracurricular activities means that I am held to a higher standard of behavior, and therefore, may receive greater, different, and/or additional consequences than those outlined in the MISD Student Code of Conduct for conduct, regardless of whether such conduct occurs on or off school property, at a school sponsored or school related event, or involves social media on and/or off campus.

I understand and agree that consequences assigned under this Contract will be assigned at the discretion and determination of the sponsor/coach and/or the campus administration of the activity, in any hierarchy/order deemed appropriate by the sponsor/coach and/or campus administrator, and may include, but are not limited to, disciplinary consequences in, suspension from, removal from and/or prohibition from future participation in one and/or all co-curricular/extracurricular activities in McKinney ISD.

I understand and agree this contract is in force from the date of my signature through my graduation date from McKinney ISD, whichever occurs later. This contract includes summer, vacation, and holiday days. Disciplinary consequences may be assigned for McKinney ISD co-curricular/extracurricular activities occurring during summer, vacation, holiday days and after my graduation.

I have read this MISD co-curricular/extracurricular contract, and I understand and agree to all of the terms, process, and consequences stated herein, including the discretion afforded the sponsor/coach and/or the campus administration in determining the consequences assigned under this Contract.

Student Signature

Date

Parent Signature

Date

Parent Signature

Date

McKinney Independent School District

Release Of All Claims

Parent Permission for Educational Field Trip

Name of student: _____

Release made by: _____
 (circle one: parent or legal guardian)

 (address, city, state, zip code)

Release made on: _____ day of _____ 20____
 (day) (month) (year)

The student, and the undersigned parent or legal guardian of the above-named student, in consideration of the right to attend all band trips for the academic year including, but not limited to:

6th Grade Band Trips:	Six Flags in Arlington FunFest at Sandy Lake in Carrollton Hurricane Harbor in Arlington	7th/8th Grade Band Trips:	Trips to Six Flags in Arlington Performance Concerts at the Elementary Schools Phase I and II Auditions at Willow Springs Middle School All-Region Clinic and Concert at McKinney High School UIL Concert and Sight Reading Contest Beach Within Reach Contest in North Richland Hills Hurricane Harbor in Arlington Peak Festival
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to the extent permitted by law, do hereby release and forever discharge the McKinney Independent School District, (hereinafter the "District") its agents, employees and officers from all claims, demands, actions, right of action, which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against the District which arise out of or are in any way connected with personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the above described educational field trip.

I understand that every reasonable effort will be made to contact me in the event of acute illness or other emergency requiring medical attention. However, if I cannot be reached, I hereby authorize the District to transport or authorize the transport by ambulance of my child to the nearest medical care facility and to authorize any and all necessary medical treatment arising from said emergency.

I understand that any and all costs incurred as a result of above-mentioned medical care will remain my responsibility. I further understand that these costs may include, but are not limited to, ambulance, private physician, clinic, hospital, dentist, or other urgent care personnel.

I, the undersigned, have read this entire release and understand that the terms contained herein are contractual. Further, I consent to medical treatment according to the terms of this agreement and accept responsibility for all costs incurred. I understand that failure to return this form will act as lack of consent for participation and student will not be allowed to participate in field trip.

I execute this voluntarily and with full knowledge of its significance.

 Signature of Parent/Guardian

 Date and Year

 Daytime contact number

McKinney Independent School District Co-Curricular/Extracurricular Emergency Medical Form

Co-curricular/extracurricular activities are considered an extension of the school day therefore McKinney ISD policies continue to be in effect. This includes policies for medication usage. The following guidelines are in effect for all secondary activities and trips. **This form may be viewed by a parent volunteer in the event of an emergency in the absence of an MISD employee.**

Student Name: _____ ID# _____ Grade: _____

Parent/Guardian Name(s): (Last, First) _____

Emergency number(s) _____

Address: _____ Home Phone: _____

Health History: (Check...give approximate dates, if applicable)

- Frequent ear infections _____
- Headaches _____
- Heart defects/disease _____
- Seizure disorder _____
- Bleeding/clotting disorders _____
- Hypertension _____
- Emotional disturbances _____

Diseases

- Diabetes _____
- Sickle Cell _____
- Asthma _____

Allergies

- Hay Fever _____
- Poison ivy, etc. _____
- Insect stings _____
- Penicillin _____
- Other drugs _____

Disabilities, diseases, chronic or recurring illness: _____

Current medication (send with MISD medical form): _____

Any specific activities to be limited by physician advice: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any known allergies (food, drugs, plants, insects, etc.): _____

Dates of operations, serious injuries, psychiatric counseling or hospitalization: _____

Additional health information: _____

Medications must be provided by the parent in the original container or package with a signed MISD medication form and adhered to MISD medication policy.

PLEASE NOTE: If any medications are found on the student's person or in his/her possession he/she may be subjected to disciplinary action.

Signature of Parent or Guardian _____ Date _____

If parents cannot be reached in case of emergency, please contact:

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

This health form is correct as far as I know, and the person listed above has permission to engage in all prescribed activities except as noted.

In case of injury or serious illness during any trip, I hereby grant permission for school employees to secure medical services for the student named on this sheet. Such treatments will be administered only by licensed medical personnel. I agree to accept responsibility for all authorized doctor, hospital, and medical expenses.

Signature of Parent or Guardian: _____ Date _____