

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 _____

McKinney ISD Drug Policy and Contract (7th/8th Grade Only)

1. The objectives for this program are:

- i. To allow each student in programs subject to testing to make a commitment against drug/alcohol use.¹
- ii. To provide a deterrent to drug/alcohol use for students in grades 7-12.
- iii. To ensure the health and safety of students participating in an extracurricular activity.
- iv. To provide a drug/alcohol education and counseling program for students who test positive for drug/alcohol use and for those students who are at risk for drug/alcohol use.
- v. To provide students with a tool to deal with peer pressure.

2. Students in grades 7-12 who participate in extracurricular activities will be required to submit to drug/alcohol testing consistent with this policy. For the purpose of this policy, extracurricular activities include, but are not limited to:

- i. All UIL activities;
- ii. School-sponsored student groups/clubs/organizations
- iii. Student Council;
- iv. All elected/appointed student officers;

Additionally, any student may voluntarily agree to participate in the drug testing program with the written consent of their parents/guardians and the payment of the proper drug/alcohol testing fees.

When the athletic director/sponsor/campus administrator has a reasonable suspicion that a student subject to the program is currently using drugs/alcohol, the athletic director or fine arts director may require the student to submit to a test under this policy. "Reasonable suspicion" means a suspicion of drug/alcohol use based on specific observations made by teachers/coaches/administrators/sponsors of the appearance, speech, or behavior of a student subject to this policy; the reasonable inferences that are drawn from those observations; and/or information of drug/alcohol use by a student subject to this policy supplied to school officials by other students, staff members, or patrons.

3. Prior to engaging in any extracurricular activity which is governed by this policy, a parent/guardian of a student, and the student, must both sign a written consent authorizing drug/alcohol testing of the student. Students who have reached the age of majority, or their disabilities of minority have been removed, will sign the written consent authorizing drug/alcohol testing of the student.

All students covered by this policy will be required to submit to random drug/alcohol testing. Random testing may be conducted at any time. Random testing may be conducted as determined by the Superintendent or the campus principal. The names of all eligible students will be placed in a computer generated "pool." Random selections from that pool will be conducted by the testing service contracted by the District.

4. Drug/alcohol testing will be done by a nationally certified drug testing laboratory. The District will contract with a certified drug-testing laboratory. The laboratory will follow strict procedures for the chain of custody and access to test results. The laboratory will provide qualified collectors to oversee collection of specimens. The service will provide Medical Review Officer

¹ The term "drug/alcohol" for the purpose of this policy includes the definition outlined on page 38 of the *Student Code of Conduct*:

- Any controlled substance or dangerous drug as defined by state and federal law; without regard to amount, including but not limited to marijuana, any narcotic drug, hallucinogen, stimulant, depressant, amphetamine, or barbiturate;
- Alcohol or any alcoholic beverage;
- Any simulated controlled substance or dangerous drug;
- Any drug as defined by state and federal law without regard to amount;
- Any abusable volatile chemical substance for inhalation;
- Any prescription drug used in a manner not consistent with the prescription;
- Any other intoxicant or mood-changing, mind-altering, or behavior altering drugs, including pills and other over-the-counter stimulants and sedatives; or
- Any anabolic steroids.

(MRO) services for the interpretation and verification of positive results. The MRO will report all test results to designated school officials. Results will not be provided either orally or in writing to any person who has not been designated by the district to receive results. The District reserves the right to test for prohibited/illegal substances, including but not limited to: alcohol, amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, methadone, methaqualone, opiates, phencyclidine, steroids, other illegal or addictive drug and any adulterant.

5. Drug/Alcohol Testing will be performed by urinalysis in accordance with accepted practices and procedures as established by the certified drug/alcohol testing laboratory with whom the District contracts. Student privacy will be protected to the greatest extent possible during the collection and coding of urine specimens. Students will provide urine specimens in an empty restroom accompanied by an adult monitor of the same gender. Male students will produce a sample at a urinal, remaining fully clothed with their backs to the monitor. Female students will produce a sample in a closed stall. After the specimen is produced, it will be handed to the monitor.
6. Results of any drug/alcohol test will not be given to law enforcement authorities nor be used for any school district discipline, except as related to applicable activities noted in this policy. Access to written drug/alcohol results will be limited to the following:
 - i. Parent/Guardian
 - ii. Student
 - iii. Superintendent Designee

Access to verbal notification that a student has tested positive for drug/alcohol use will be provided to the following:

- iv. Principal
- v. Counselor
- vi. Coach/sponsor of the specific activity in which the student participates at the time of the positive test.

All information related to the testing or the identification of students as a user of illegal drugs/alcohol will be protected by the District and its employees, officers, and agents as confidential, unless otherwise required by law, in response to overriding public health and safety concerns, or as authorized by the parent/guardian or student. The District will destroy the records maintained under this policy in accordance with the District's records retention schedule.

If the drug test indicates positive results, the laboratory will immediately forward the results to its MRO. The MRO will contact the designated school official to report the positive result. The school official will contact the parent/guardian to determine if prescription medication or other legal substances may have caused the positive result. Information obtained from the parent/guardian will be provided to the MRO for review and issuance of his/her determination.

Consequences of Positive Testing

Consequences of a FIRST confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. Referral to an MISD approved counseling program for an assessment which will determine the length of counseling needed for the student. The student must fulfill the recommendation of the counseling program, and provide documentation confirming completion of the program.
3. A minimum 20 school day suspension from all extracurricular activities.
4. Prior to rejoining any extracurricular activity, a negative test result must be obtained at the student's/parent's/guardian's expense.
5. After regaining eligibility retesting once a month for 4 months.

Consequences of a SECOND confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. Referral to an MISD approved counseling program for an assessment which will determine the length of counseling needed for the student. The student must fulfill the recommendation of the counseling program, and provide documentation confirming completion of the program.
3. A minimum 60 school day suspension from all extracurricular activities.
4. Prior to rejoining any extracurricular activity, a negative test result must be obtained at the student's/parent's/guardian's expense.
5. After regaining eligibility retesting once a month for 4 months.

Consequences of a THIRD confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. Referral to an MISD approved counseling program for an assessment which will determine the length of counseling needed for the student. The student must fulfill the recommendation of the counseling program, and provide documentation confirming completion of the program.
3. A minimum of one full calendar year suspension from all extracurricular activities.
4. Prior to rejoining any extracurricular activity, a negative test result must be obtained at the student's/parent's/guardian's expense.
5. After regaining eligibility retesting once a month for one year.

Consequences of a FOURTH confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. The student will be removed from all participation in extracurricular activities for as long as the student is enrolled in McKinney ISD.

A positive test that results in a suspension in excess of the number of days remaining in the school year will continue on the first day of school of the next school year.

Refusal to participate in a drug test after signing the consent form shall count as a positive test.

8. Students who are not involved in extracurricular activities, but who voluntarily participate in the district drug testing program with consent of their parent/guardian will be subject to the same consequences for positive tests as set out herein.
9. Students who stop participating in extracurricular activities during the school year must submit a letter to the principal requesting removal from the random drug testing pool.
10. Appeal of the consequences of a positive result must be filed with the District by the student or parent/guardian in accordance with District policies FNG (LEGAL) and FNG (LOCAL). During the time of any appeal, the consequences outlined herein will remain in effect including but not limited to, suspension and/or removal from all applicable extracurricular activities. If the appeal is resolved in favor of the student, the student will be immediately reinstated to the extracurricular activity. Any drug/alcohol test incident to an appeal, in which the parent/guardian requests retesting, the parent/guardian must submit the appeal within forty-eight (48) hours of confirmation and notification of the positive result. Retesting must be performed by a nationally certified drug/alcohol testing laboratory using the original positive sample, and will be done at the parent/guardian's expense.

McKinney Independent School District Drug/Alcohol Screening Test Parent/Guardian/Student Consent Form (7th/8th Grade Only)

I, _____ and _____
printed name of parent/guardian printed name of parent/guardian

am the parent/guardian of _____ a student enrolled in MISD.
name of student

I understand that participation in an extracurricular activity is a privilege that may be withdrawn for violations of McKinney ISD Board Policies. I understand that extracurricular activities include, but are not limited to: all UIL activities; school-sponsored student groups/clubs/organizations; student council; all elected/appointed student officers; and non-curriculum-related student groups.

I acknowledge that I have received a copy of the Random Drug/Alcohol Testing Program for McKinney ISD. I have read the District's Policy and understand the provisions of the random drug/alcohol testing program. I hereby consent to the testing provided by the program. I understand that Participation in extracurricular activities at McKinney ISD, as defined under the Policy, is conditioned upon my consent and participation in the random drug/alcohol testing program. In consideration of the benefits arising to me/my child from this activity, I hereby grant permission for me/my child to participate in the program. I further agree to and shall indemnify and hold harmless the District, its officers, agents and employees, from suits and liability of every kind, including expenses of litigation, court costs, and attorneys' fees for injury or damage which I or my child, or any other person might sustain as a result of my child's participation in the random drug/alcohol testing program.

I acknowledge that I have read and understand this consent and release. I represent that I am the student/parent or guardian of the student named above, and I hereby agree that we shall both be bound by the terms of the consent and release provisions set forth in the random drug/alcohol testing policy.

Circle which (Parent/Guardian Signature)

Date

I, the student noted above, acknowledge that I have read the foregoing consent and release and that I understand it and agree to be bound by its terms and the terms of the random drug/alcohol testing program.

Student Signature

Date