

# **Douglas S. Freeman High School Bands**

## **Information and Agreement Form**

**Please complete all information below. Type, print and sign form or print and fill in by hand. Please print clearly. Form must be signed and returned to the band office prior to the start of band camp.**

### **Contact Information:**

<b>Student Name</b>	
<b>Street Address</b>	
<b>Student Email</b>	
<b>Student Cell Phone</b>	
<b>Student Date of Birth</b>	
<b>Instrument</b>	
<b>Grade</b>	
<b>School attended prior year</b>	

<b>Parent/Guardian Name</b>	
<b>Phone Number</b>	
<b>Email</b>	

<b>Parent/Guardian Name</b>	
<b>Phone Number</b>	
<b>Email</b>	

<b>Emergency Contact Name</b>	
<b>Phone Number</b>	

# Douglas S. Freeman High School Bands

## Medical Information:

Student Name	
Family Physician	
Physician Phone Number	
Student Insurance Provider	
Policy Number	
Group Number	

<b>List any allergies to foods or medications:</b>

<b>List any other medical concerns:</b>

*When the band travels, the band director and parent chaperones maintain a medical bag with over-the-counter (OTC) medications. Please indicate below your preference for your student:*

<p>My child cannot be given any OTC medications</p> <p>My child can be given any OTC medication that is appropriate as determined by the band director or chaperone</p> <p>My child can only be given the following medications:</p> <ul style="list-style-type: none"><li>Ibuprofen (Advil)</li><li>Acetaminophen (Tylenol)</li><li>Loperamide HCL (Imodium)</li><li>Pseudoephedrine HCL (Sudafed)</li><li>Diphenhydramine HCL (Benadryl)</li><li>Meclizine HCL (Dramamine)</li><li>Calcium Carbonate (Tums)</li><li>Pepto Bismol</li></ul>
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*In the event that I cannot be reached in a medical emergency, I hereby authorize any necessary medical treatment for student named above while participating in the DSF High School Band Program. I also guarantee payment of all charges incurred during that treatment including but not limited to ambulance, physicians, hospital charges, lab work, and medications.*

Date	
Parent Signature	

# Douglas S. Freeman High School Bands

## Agreement & Consent:

Student Name:	
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I have read and understand the Student Responsibilities and Policies as stated in the DSF Band Handbook. I understand these policies are non-negotiable and are necessary for participation in the DSF Band program. I am aware that a violation of these rules can involve penalties including being dismissed from the DSF Band program. I understand that participation in the DSF High School Band program is a privilege and, as such, requires that I adhere to certain rules that may not apply to all students. In addition to the Virginia High School League rules, the following rules apply to all students participating in the DS Freeman HS Band program:

1. I am expected to attend school every day unless I have an acceptable excuse. If I am absent or leave school early due to illness, I will not be allowed to practice or play that day.
2. I represent DS Freeman High School, the band and my parents. I am expected to behave like a responsible and mature person at all times.
3. I am expected to attend all rehearsals, performances and other required band events unless I arrange a prior excuse with the band director.
4. I must travel to and from away games and events with the band.
5. I am prohibited from using tobacco (any form), alcohol or illegal drugs. Penalty for violating this rule will be per the current Henrico County Public schools rules and regulations.
6. I am expected to dress neatly and be well groomed. Extremes in hairstyle and dress are not permitted.
7. I am required to follow all band rules as detailed in the Band Handbook.
8. I will be financially responsible for lost, damaged or stolen school equipment and uniforms issues to me.

I accept financial responsibility for expenses related to participation in the DSF Band program as outlined in the student handbook and detailed on the band website. I understand that students who have not paid the mandatory fees will not be permitted to participate in rehearsals and performances.

I authorize the student named above to make trips to practices, games, festivals, competitions, performances and other field trips with the DSF High School Band. I understand that these trips will normally be on buses provided by Henrico County Schools but for long-distance trips, the band will use charter buses. I agree not to hold Henrico County, DS Freeman High School or their personnel responsible in the event of an accident. I also understand that participation in field trips may require early dismissal from school, including classes other than band, and it is the student's responsibility to make up all missed work.

***I have read the above and agree:***

Student Name	
Student Signature	
Date	

Parent Name	
Parent Signature	
Date	