

COMAL I.S.D.

2020-21 EMERGENCY INFORMATION AND INSURANCE FORM

Student's Name _____ Age _____ Date of Birth _____

Social Security # _____ Sex M – F Grade _____

Address _____ City, Zip _____

Home Phone # _____ Work # _____

Mother's name _____

Cellular phone # or Pager # _____

Father's Name _____

Cellular phone # or Pager # _____

If parents cannot be reached, please notify _____

Cellular phone # or Pager # _____

Insurance company _____

Group # _____ Policy # _____ Phone # _____

Do you wear contacts? _____ Glasses? _____ Dental Equipment? _____

List all medications taken regularly and why - _____

Blood Type: _____

ALLERGIES (Circle all that apply)

Penicillin Aspirin Sulfa Novocaine Erythromycin Xylocaine Codeine

List any other known allergies _____

PAST MEDICAL HISTORY (Circle all that apply)

High Blood Pressure Thyroid Disease Back Injury

Irregular Heart Beat Mental Problems Colitis

Sickle Cell Disease Kidney Infections Hives

Head Injury Ear, Nose, Throat Disease

Other _____

In the event of a medical emergency, I authorize the Comal ISD Director to make the necessary decisions for the safety of my child's health.

Parent or Legal Guardian: _____

Date: _____

I give permission for a band chaperone to give my child the recommended dosage of:

___ Tylenol (Acetaminophen) ___ Advil (Ibuprofen) (put yes or no in each box)

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: www.uil.utexas.edu

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature _____ Date _____

Student Signature _____ Date _____

This form should be filed with the school principal OR his designee for each participant in the competing organization. Do NOT send this form to the region executive secretary. C&CR Section 1105 (d)

Comal ISD Fine Arts Social Media Contract

I, _____ (print parent name if student is under 18), give permission for photos of _____ (print student's name) to be posted on the CISD Fine Arts Program webpage, _____ School and _____ program webpages; CISD Social Media Accounts, and the director's personal social media accounts.

If at any time I choose to no longer allow photos of my child to be posted to any types of media, I will email the director at _____ with a formal statement withdrawing my initial agreement.

I understand the terms above and the means for withdrawing my agreement if I choose to do so.

(Parent Signature)

(Student Signature)

COMAL ISD FINE ARTS

STANDARDS OF BEHAVIOR AND OFF CAMPUS TRAVEL POLICIES

Membership in the Comal ISD Fine Arts organizations is an honor and a privilege. Participation comes with a higher standard of behavior than the Comal ISD Student Code of Conduct and may condition membership or participation on adherence to those standards. Extracurricular standards of behavior may take into consideration conduct that occurs at any time, on or off school property. Extracurricular behavioral standards shall not have the effect of discriminating on the basis of gender, race, color, disability, religion, ethnicity or national origin. Student's and parent's signature acknowledge they have read these behavioral standards and consent to them as a condition of participation in any Comal ISD Fine Arts.

Students who represent Comal ISD Fine Arts are expected to maintain very high standards in every respect at all times. They are expected to attend and be on time for all sessions and activities scheduled. In the event of overnight trips, they are expected to be in their rooms at the times designated by their sponsors. Each student will be responsible to one or more faculty sponsors who will supervise the activities of the student for the trip. Negligence in attending sessions, in meeting curfew requirements, or in failing to maintain our standards of conduct may make it necessary for the sponsor to send the student home at his/her own expense. Video/audio equipment is used for safety purposes to monitor student behavior on buses and campuses. Recordings shall be reviewed as needed by the principal, and evidence of student misconduct shall be documented.

Self-discipline is the key element when representing Comal ISD off campus or when on a school-related trip. Students who are involved in a serious disciplinary offense, such as the use, possession of, or being under the influence of illicit drugs, tobacco, or alcohol, stealing, violence, going in the room of a member of the opposite sex, or some other serious offense will face disciplinary action which may include one or more of the following:

1. The student will be sent home from the trip at the parents' expense.
2. The student will be held liable for damages to property.
3. The student may be removed from this school activity as well as other school co-curricular activities.
4. The student may be placed in In-School-Suspension (ISS), Off-Campus-Suspension, or Alternative Education Placement.

Student's attire during school activities outside the school day should be in good taste. While it is inevitable there will be differences of opinion regarding the appropriateness of a student's attire, the final decision lies with the directors. All adults on trips will serve as sponsors when traveling with a group. Students will be expected to treat them with respect at all times.

REMEMBER – Even though you will not always be wearing a shirt with a Smithson Valley logo, people will find out where you are from and what group you represent. You have the opportunity to make a tremendous name for Smithson Valley and for yourself. Be courteous and polite at all times. There is no way we can anticipate every possible scenario, so we ask for good judgment. Please use common sense. **RULE OF THUMB:** If there is any question in your mind as to whether you should do something or not...DON'T DO IT! It is better to be safe than sorry.

WE ARE CONFIDENT OF ALL FINE ARTS STUDENTS' CONDUCT AND THEIR ABILITY TO BE GOOD AMBASSADORS FOR COMAL ISD. IF WE ANTICIPATED A PROBLEM, WE WOULD NOT TRAVEL.

I HAVE **READ** AND **DISCUSSED** ALL THE INFORMATION IN THE ABOVE "STANDARDS OF BEHAVIOR AND OFF CAMPUS TRAVEL POLICIES" WITH MY SON/DAUGHTER, AND I UNDERSTAND ITS CONTENTS AND MY RESPONSIBILITY AS TO THESE POLICIES AND CONSENT TO THEM AS A CONDITION OF PARTICIPATION IN ACTIVITIES. I UNDERSTAND THAT BY MY SIGNATURE BELOW, AND THAT OF MY SON/DAUGHTER, WE HAVE ACKNOWLEDGED THAT PARTICIPATION IN COMAL ISD FINE ARTS COMES WITH A HIGHER STANDARD OF BEHAVIOR THAN THE COMAL ISD STUDENT CODE OF CONDUCT AND THAT MY SON'S/DAUGHTER'S MEMBERSHIP AND PARTICIPATION IS CONDITIONED UPON ADHERENCE TO THOSE STANDARDS. MY SON/DAUGHTER HAS MY PERMISSION TO ATTEND DISTRICT AND OUT-OF-DISTRICT TRIPS.

Student Name (PRINT)

Parent/Guardian Name (PRINT)

Student Signature/Date

Parent Signature/Date

2020-21 Comal ISD Fine Arts Handbook and Campus Band Handbook Consent and Agreement

We are aware that the Comal ISD Fine Arts and each campus Band Handbook is available for download from Rank One Sport website (www.comalisd.rankonesport.com) and/or the campus band website and that review of this document is necessary for participation in any Comal ISD band program . We have read and understand the Comal ISD Fine Arts Handbook and the campus Band Member Handbook, particularly all the rules and requirements and the Band Discipline Plan (BDP), and, as a condition of the Student's participation in the band, consent to and agree to comply with all rules and requirements therein.

Student's Signature

Parent's Signature

Student's Name (printed)

Parent's Name (printed)

Date

Date

This consent and agreement must be signed and dated, as indicated, and returned to the band director before the student may participate in any band function. Again, this document is available on the campus band website, rankonesport.com or by hardcopy upon request. Any failure to participate for failure to return this consent will be considered an unexcused absence.



Secondary Band/Orchestra Equipment Usage Agreement

This Secondary Band/Orchestra Equipment Usage Agreement (“Agreement”) is made this _____ day of _____, 20____, by and between the Comal Independent School District (“District”) and _____ (“Parent or Legal Guardian”) of _____ (“Student”).

District will loan a District-owned _____ (“Instrument / Equipment”) for the Student’s use while participating in the District-sponsored Band or Orchestra program during the _____ school year. The use of the Instrument/Equipment by any other person or for any other purpose is not permitted. A non-refundable eighty dollar (\$80.00) user fee will be charged for the use of the Instrument/Equipment and included accessories, if any, for band/orchestra rehearsals, performances, and the Student’s practice, as well as for annual basic routine maintenance. Students in the free lunch program qualify for a fifty dollar (\$50.00) reduction, and students in the reduced lunch program qualify for a twenty dollar (\$20.00) reduction, for a total user fee of thirty dollars (\$30.00) and sixty dollars (\$60.00), respectively. The Instrument/Equipment user fee must be paid prior to receiving the Instrument/Equipment. A payment plan may be considered at the discretion of the Director of Bands/Orchestra.

At the conclusion of the school year, or upon the termination of the Student’s involvement in the program, the District-issued Instrument/Equipment must be promptly returned to the District in satisfactory condition. Any damage to the Instrument/Equipment, or any included accessories, that is deemed beyond normal wear and tear by the Director of Bands/Orchestra or the District’s Director of Fine Arts will be the responsibility of the Student and/or Student’s Parent or Legal Guardian. A fee will be assessed for the repair or replacement of damaged Instrument/Equipment based on an estimate from a District- approved vendor.

Basic routine maintenance does not include repairs for Instrument/Equipment damage. All repairs or replacement of Instruments/Equipment or accessories must be coordinated through the Director of Bands/Orchestra. Under no circumstance should a Parent/Legal Guardian attempt repairs or contract for repairs through a third party. Any unauthorized repairs or modifications made to an Instrument/Equipment will deem the Instrument/Equipment unusable, and the Parent/Legal Guardian will be responsible for its full replacement cost. Further, the Parent or Legal Guardian is responsible for the full replacement cost for the loss of the Instrument/Equipment, including by theft or accident.

Tips for Instrument / Equipment Use and Care:

From time to time, issues with the Instrument/Equipment may occur. Please notify the band director immediately if the Instrument/Equipment is lost, damaged, stolen, or with any other concerns.

Never leave any Instrument /Equipment unsecured.

Store the Instrument/Equipment in its case when not in use.

Please do not leave the Instrument/Equipment in vehicles or exposed to extreme temperatures or damaging elements.

It is highly recommended that Parent(s)/Legal Guardian(s) carry private insurance coverage, particularly for expensive Instruments/Equipment issued to a student.

Parent Signature: _____

Student Signature: _____

Printed Name: _____

Printed Name: _____

CISD requires an annual physical exam for Athletics, Marching Band, Cheerleading, Drill Team, ROTC and CISD Club Sponsored Athletic Teams.

****CISD will not accept physicals or completed paperwork dated prior to April 15, 2020****

Student's Name _____

Primary Sport _____

ID Number _____

Grade _____

Date of Birth _____

STUDENT – PARENT/GUARDIAN SECTION

This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event. If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

Any "yes" answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation, which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had prior testing for the heart ordered by a physician | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in activities for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ When was your last concussion? _____ | | |
| How severe was each one? (Explain on the back of this page) | | |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does this allergy require an EpiPen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activities or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below. | | |
| <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee | | |
| <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot | | |
| 16. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only

19. When was your first menstrual period? _____
- When was your most recent menstrual period? _____
- How much time do you usually have from the start of one period to the start of another? _____
- How many periods have you had in the last year? _____
- What was the longest time between periods in the last year? _____

Males Only

20. Do you have two testicles? _____
21. Do you have testicular swelling or masses? _____

An electrocardiogram (ECG) is **not required**. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

Explain all "yes" answers on the back of this page.

MEDICAL EXAMINER SECTION

Height: _____ Weight: _____ Pulse: _____

BP (brachial blood pressure while sitting): ____ / ____ (____ / ____ : ____ / ____)

Vision: R – 20/ _____ L – 20/ _____ Corrected: Y N

Pupils: Equal/Unequal %Body Fat (optional): _____

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation Supine position			
Heart – Auscultation Standing position			
Heart – Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata <small>(arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)</small>			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

* Station-based examination only

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- Not cleared for: _____
- Reason: _____
- Recommendations: _____

The following information **must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.**

Date of Examination: _____

Name (print/type): _____

Address: _____

Phone Number: _____

Physician's Signature: _____

This form, in its entirety, must be on file before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches or performances/competitions.

For school use only

This medical history form was reviewed by:

Printed name _____ Date _____ Signature _____