



## 2018-2019 EHS Band Program Forms Packet

Please complete the forms included in this forms packet. This includes the Behavior Contract/Handbook Signature Page, the Golden Booster Form and the Permission Slip for in-town events.

Forms are due **during Band Camp week**.  
They can be turned in at the Picnic on July 20, or at the Parent Meeting on August 4.

Thank You!

Richard Garcia, Eldorado Band Booster President

Amy Allen, Eldorado Band Booster Secretary



**Eldorado High School Band Program**  
**Off Campus, In Town Events**  
**2018-2019 School Year**

Our band program is on the move! The dates listed below show **OFF CAMPUS, IN TOWN** performances that our band program will participate in this school year. The Permission to Participate/Authorization for Medical Services for that is attached to the list will cover *all* of these events. **Please sign and return it with your forms packet on or before Parent Meeting on August 4.** *Note: OUT OF TOWN trips and performances require separate permission slips which will be sent home during the school year.*

We hope this simplifies the process for you and helps you to know when/where your student will be attending band performances.

August 24	Football Game Visitor at Community Stadium, 7pm Start	Check weekly email for report time
September 6	Football Game Home at Wilson Stadium, 7pm Start	Check weekly email for report time
September 14	Football Game Visitor at Community Stadium, 7pm Start	Check weekly email for report time
September 20	Football Game Homecoming (Home)	Check weekly email for report time
September 28	After School Practice at Wilson Stadium and Football game Meet at Wilson Stadium. Please make arrangements for a ride home after the game.	3pm to end of game
October 11	After School Practice at Wilson Stadium and Football game Meet at Wilson Stadium. Please make arrangements for a ride home after the game	3pm to end of game
October 13	Zia Marching Band Festival, University Stadium	All Day
October 19	After School Practice at Wilson Stadium and Football game Meet at Wilson Stadium. Please make arrangements for a ride home after the game	3pm to end of game
October 20	Pageant of Bands – Wilson Stadium	All Day
October 25	Football Game Home at Wilson Stadium, 7pm Start	Check weekly email for report time
November 2	Football Game Home at Wilson Stadium, 7pm Start	Check weekly email for report time
November 6-7	All-State/Jazz All-State Auditions at AYS Building	Times TBA
November 16-18	District VII Honor Band (Select students)	Times TBA
January 9-12	NM All-State Music Conference	Times TBA
February 26-28	District VII Concert Festival (MPAF) Concert, Symphonic, Wind Ensemble	Time/Day TBA
May 13	Graduation performance at Tingley Coliseum	6:30 pm

**ALBUQUERQUE PUBLIC SCHOOLS**  
**PERMISSION TO PARTICIPATE/AUTHORIZATION FOR MEDICAL SERVICES**

This form is to be filled out completely and returned to the activities leader (SPONSOR) before the student is allowed to practice, compete, perform, and/or participate in extra-curricular or co-curricular activities.

The parent/guardian of \_\_\_\_\_, who attends \_\_\_\_\_,  
STUDENT NAME SCHOOL NAME  
gives permission, indicated by signature at the bottom of this page, for this subject to participate in the activity described below.

See attached list  
BRIEF DESCRIPTION OF ACTIVITY

DATE OF ACTIVITY

TRANSPORTATION BY: BUS, PERSONAL AUTOMOBILE, OR OTHER/ EST. TIME OF DEPARTURE/ EST. TIME RETURN

The parent/guardian recognizes that activities and/or trips involve some degree of risk and that the school district can not guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By signature below, the parent/guardian hereby authorizes emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. IF YOUR CHILD HAS SPECIAL MEDICAL NEEDS OR ROUTINELY MUST TAKE MEDICATION YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM. A copy of this permission form will accompany the activity sponsor.

Students and staff are expected to display the virtues of respect, citizenship, caring, trustworthiness, fairness and responsibility. These are the six pillars of "Character Counts!" All students who are participating in extra-curricular activities or field trips are expected to practice these qualities both on and off campus. Participation in extra-curricular activities is a privilege offered to, and earned by, students. Students engaged in these activities are serving as representatives of their school and community and are expected to maintain the highest standards of behavior at all times. Students are expected to abide by all the standards of the Albuquerque Public Schools Student Behavior Handbook and the conduct code of their individual school.

Students who will require a prescription medication during the course of the field trip must advise the activity sponsor in advance. A copy of the doctor's medication order or prescription must be on file in the school nurse's office. Special arrangements for the transporting of student medications may be required.

**EMERGENCY CONTACT INFORMATION-PLEASE PRINT CLEARLY**

STUDENT HOME ADDRESS

PARENT HOME PHONE NUMBER

PARENT WORK PHONE NUMBER

NAME OF OTHER EMERGENCY CONTACT

RELATIONSHIP

PHONE NUMBER

MEDICATION(S) STUDENT IS TAKING

KNOWN ALLERGIES TO MEDICATION OR FOODS

We agree to the statements above.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE

**RE: MEDICAL SERVICES FOR ILL OR INJURED STUDENTS, OR STUDENTS WHO ROUTINELY MUST TAKE MEDICATIONS OR WHO HAVE MEDICAL CONCERNS THAT MAY REQUIRE TREATMENT, WHILE PARTICIPATING IN SCHOOL SPONSORED ACTIVITIES OR FIELD TRIPS.**

Dear parent/guardian of \_\_\_\_\_,  
(Name of Student)

Albuquerque Public Schools wishes to avoid difficulties in obtaining medical services for students who may become ill or injured during school sponsored activities. As the parent/guardian of a student participating in a school sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your child in case an emergency occurs. **You must provide direction if no consent is given.**

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the activity sponsor will consent to such services for your child by acting in your behalf based on written advance authorization. That authorization is in the consent form below.

Selection of a doctor or hospital will be made on the basis of family preference, if known. If family preference is unknown, the student will be taken to the closest hospital or one consistent with the existing circumstances.

**AUTHORIZATION FOR MEDICAL SERVICES**

I, the parent/guardian of \_\_\_\_\_, have read the above and  
(Name of Student)

hereby designate the sponsor of the field or activity trip to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in school sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

1. List medical concerns (including allergies) which sponsor and chaperones need to be aware of  
\_\_\_\_\_  
\_\_\_\_\_
2. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on field trip or participating in extracurricular or co-curricular activities  
\_\_\_\_\_  
\_\_\_\_\_
3. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student in an emergency  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**LIMITED OR NO MEDICAL SERVICES AUTHORIZED**

**IF PARTICIPATION IN FIELD TRIP OR ACTIVITY TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUTHORIZED, PLEASE ATTACH A WRITTEN STATEMENT OF PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP.**

**THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS.**