

# McKinney Boyd Orchestra Forms 2017 - 2018

Please complete all the following required forms as soon as possible.

\_\_\_ MISD Co-Curricular/Extracurricular Emergency Medical Form

\_\_\_ MISD Student Co-Curricular/Extracurricular Contract

\_\_\_ MISD Drug Policy Contract

\_\_\_ MBHS Orchestra Signature Form/Publicity Release

\_\_\_ MBHS Orchestra School Owned Instrument Contract (for all  
cello/bass students)

*Violas may request the use of a school instrument if necessary  
but use will depend on need and availability (we only have two). Please talk to your  
director if you need more information.*

Then place your \$70 Orchestra fee (payable to **McKinney ISD**)  
and instrument fee (\$50, cello/bass students only) in an envelope  
with your fee page and turn into the safe.

**PLEASE TURN IN ALL FORMS AND ORCHESTRA FEES  
BY TUESDAY, SEPTEMBER 12, 2017.**

**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):** \_\_\_\_\_ **Emergency number(s)** \_\_\_\_\_  
(Last) (First)

**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 subject 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 so 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 treatment 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: \_\_\_\_\_

## MISD STUDENT CO-CURRICULAR / EXTRACURRICULAR 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**  
**Drug/Alcohol Screening Test Parent/Guardian/Student Consent Form**

I, \_\_\_\_\_ and \_\_\_\_\_  
(print name of student) (print name of parent/guardian)

am the parent/guardian of \_\_\_\_\_ a student enrolled in MISD.

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)



# MBHS Orchestra Annual Fees

## Turn this form in with your payment

The MBHS Orchestra Annual Fee for the 2017-2018 school year is \$70. This fee includes the student's binder & binder supplies, Orchestra t-shirt, one solo or ensemble fee, uniform dry cleaning, and helps offset the costs of bus transportation, guest clinicians, master classes, etc.

**Student's Name** \_\_\_\_\_

Annual Fee for all orchestra students	\$70.00
School-Owned Instrument Maintenance Fee (to be paid by cello and bass players or anyone using a school viola ONLY) \$25 per semester x 2 semesters = \$50.00	\$50.00
Donations* (optional)	\$ _____
<b>TOTAL TO BE PAID BY FRIDAY, September 12, 2017</b>	\$ _____

\*Donations will be used to help students who cannot afford to pay their Annual Fee(s).

Please notify the director if you need to set up a payment plan to pay this/these fee(s) in multiple smaller amounts throughout the school year. Students may also take advantage of opportunities to "work off" a portion of their orchestra fees through tasks assigned by the directors. Please discuss financial difficulty with the directors in private – we will work with you!

**PLEASE MAKE CHECKS PAYABLE TO MCKINNEY ISD** and write MBHS Orchestra on the memo line at the bottom of your check. Cash and money orders are also accepted.

Fees are not refundable.

PLEASE RETURN THIS FORM WITH YOUR STUDENT'S FEE(S)  
**BY Tuesday, September 12th, 2017**