

BAND 2011

CHECKLIST FOR FORMS AND FEES

**ALL FORMS MUST BE RETURNED
No Later Than Friday, July 22, 2011**

Below is the list of forms. Please do not forget signatures. All forms are to be mailed to:

Dr. Schultz Bennett, Director of Bands
Coronado High School
7501 E. Virginia Avenue
Scottsdale, AZ 85257

- _____ SUSP PARENTAL PERMISSION FORM
- _____ BAND CAMP REGISTRATION FORM
- _____ DRUG/ALCOHOL/SMOKING POLICY FORM
- _____ STUDENT INFORMATION FORM
- _____ CONSENT AND RELEASE FOR STUDENT TO CARRY ASTHMA INHALER
- _____ PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION
- _____ STUDENT MEDICATION ADMINISTRATION FORM
- _____ CONSENT AND RELEASE FOR STUDENT TO CARRY AUTO-INJECTABLE EPINEPHRINE
- _____ STUDENT INSURANCE FORM AND COPY OF INSURANCE CARD
- _____ EXTRA CURRICULAR ACTIVITIES PAYMENT FORM
- _____ GLOVE AND SHOE ORDER FORM (RETURN TO HAYDEN SCHOOL SUPPLY)
- _____ BAND T-SHIRT ORDER FORM (RETURNED TO THE BAND BOOSTERS)

****Full Band Camp payment is due to the *Coronado Band Boosters* August 1, 2011.**

****Fair Share fees are due to the *Coronado Band Boosters* August 8, 2011.**

****Field trip fees due to the *Coronado High School Bookstore* September 2, 2011.**



Scottsdale Unified School District

Parent or Guardian Permission for School Trip Fee Less Than \$15.00

Student Name and I.D. #: _____ School: CORONADO HS

Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

1. TRIP INFORMATION:

- a. Class that has arranged the trip: CORONADO MARCHING BAND
- b. Date of the trip: SEE BELOW
- c. Location/destination of the trip: SEE BELOW
- d. Time leaving school: TBD A.M. _____ P.M.
- e. Time returning: TBD A.M. _____ P.M.
- f. Trip Supervisor(s): DR. SCHULTZ BENNETT
- g. Means of transportation: SCHOOL BUS
- h. Fee: \$ _____

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
- b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
- e. Other expectations/instructions: _____

In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

3. ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

4. PERTINENT MEDICAL INFORMATION: Please advise of any medical condition the teacher may need to be aware of, i.e. allergies, medications, etc.: _____

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 - Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Parent/Guardian #2 - Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

Parent/Guardian's Signature: _____ Date: _____

August 26, 2011	Away Football Game - Arcadia High School
September 24, 2011	Mt. Pointe Marching Invitational - Mountain Pointe High School
October 8, 2011	Mesquite Marching Invitational - Mesquite High School
October 14, 2011	Away Football Game - Saguaro High School
October 18, 2011	SUSD Marching Exhibition - Saguaro High School
October 22, 2011	Goldwater Marching Invitational - Barry Goldwater High School
November 5, 2011	State Marching Festival - Hamilton High School
November 12, 2011	State Marching Championships - Phoenix College
February 11, 2012	Parada del Sol

2011 CORONADO HIGH SCHOOL BAND CAMP
Registration Form

Due July 22, 2011

Student Name _____

Parent Name(s) _____

Address _____

City _____ Zip _____

Home Phone _____ Other Phone _____

E-mail _____

Instrument _____

Own our instrument

Need a school instrument

Payment enclosed: _____

DRUG/ALCOHOL/SMOKING POLICY FORM

CORONADO HIGH SCHOOL
2011-2012 Marching/Concert Season

Due July 22, 2011

Dear Parents and Students

Welcome to another school year! If this is your first at Coronado...welcome!

Band is a special part of your student's educational experience. Our goal is to provide him/her with a rewarding, educational, enjoyable learning experience. Since the band spends so much time together, in many different settings, there is one rule that will result in discipline.

ANY STUDENT CAUGHT IN THE POSSESSION OF OR UNDER THE INFLUENCE OF DRUGS, ALCOHOL OR SMOKING DURING ANY BAND ACTIVITY WILL HAVE DISCIPLINARY ACTIONS TAKEN BY THE BAND DIRECTORS, THE SCHOOL AND DISTRICT.

Our responsibility for the safety of each student is one we take seriously. If you have any questions, please contact the band director. Sign and return this letter in your packet, indicating that you have read and understand this policy. This form extends throughout the 2011-2012 marching/concert season, which commences with Band Camp 2011.

Thank you,

Dr. Schultz Bennett
Coronado Band Director

Parent Signature

Student Signature

****BOTH PARENT AND STUDENT SIGNATURES REQUIRED**

STUDENT INFORMATION FORM
Coronado HIGH SCHOOL
2011-2012 ACADEMIC YEAR
Due July 22, 2011

PLEASE PRINT

Student Name _____
First Name Last Name Grade 2011-12

Marching Instrument _____ Concert Instrument(s) _____

Jazz Instrument(s) _____ Color Guard _____

Student Cell # _____ Student E-Mail _____

Student lives with: Both Parents _____ Father _____ Mother _____ Other _____

Father/Guardian Name _____

Address _____ Father E-Mail: _____

City, Zip Code _____

Home # _____ Work # _____

Cell # _____

Mother/Guardian Name _____

Address _____ Mother E-Mail _____

City, Zip Code _____

Home # _____ Work # _____

Cell # _____

Emergency Contact _____ Phone # _____

Relationship _____

Primary Doctor's Name _____ Phone # _____

SCOTTSDALE UNIFIED SCHOOL DISTRICT

SCHOOL HEALTH PROGRAM

Due July 22, 2011

CONSENT AND RELEASE FOR STUDENT TO CARRY ASTHMA INHALER

School _____

Phone _____

Student _____

Birthdate _____

Name of inhaler(s) _____

The above named student has been instructed in the proper purpose and appropriate method and frequency of use of the listed inhaler(s). We, the undersigned physician and parent of this student, request that he/she be permitted to carry the inhaler on his/her person while at school and during school functions.

We understand, confirm and agree that:

1. The Scottsdale Unified School District is not responsible for safeguarding the medication, or for ensuring that the student uses the medication properly;
2. The inhaler must be properly labeled, and the label must clearly reflect the student's name.
3. The physician has explained to the parents and the student the detriments and risks of using the inhaler inappropriately.
5. The student understands his/her responsibility for keeping the inhaler safely on his/her person.
6. The student understands the importance of preventing other students from using the medication, that such use could seriously endanger other students, and that voluntarily permitting such use will result in discipline (up to and including expulsion). As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for safe inhaler use.
7. As a parent, I understand that should my child lose the inhaler, my child is at risk for serious complications.
8. As a parent, I recognize that it is prudent to keep an extra inhaler in the Health Center for emergency use by my child.
9. The student, his/her parent and physician understand that the standard practice of the Scottsdale Unified School District is to keep all medications locked in the school Health Center for the protection of all students.

In addition to this form, the District requires that the parent complete and return the medication permission form (HMES 503), explaining how the medication is administered

Physician signature

Date

School nurse signature

Date

Parent signature

Date

Principal/designee signature

Date

Student signature

Date

PLEASE NOTE THAT THIS AUTHORIZATION MUST BE UPDATED AND RE-SUBMITTED EVERY YEAR.

**Request for Administration of Medication
From Band Medic Kit for the
2011-2012 Academic Year
Due July 22, 2011**

I authorize the administration of the following medication/s to my student according to the directions provided on the original package unless otherwise indicated below under Directions. This form will remain on file in the Coronado High School Medical Book for the 2011-2012 school year. No medication will be administered to your student without your initials.

<u>Medication</u>	<u>Strength</u>	<u>Instructions</u>	<u>Initials</u>
Tylenol	325 mg		
Advil	200 mg		
Pseudo ephedrine HCL	30 mg		
Tums	1 Tab		
Benadryl	25 mg		
Caladryl Lotion	Topical		
Hydrocortisone Cream 1%	Topical		
Neosporin	Topical		
Throat Lozenges	1 Tab		

ALLERGIC TO ANY MEDICATIONS? NO YES if yes, please explain:

Please list any medical conditions you would like the Band Directors to be aware of:

Parent/Guardian Signature _____ Date _____

STUDENT MEDICATION ADMINISTRATION FORM

2011-2012 Academic Year

Due July 22, 2011

ONE FORM FOR EACH MEDICATION

(Copy this form if necessary)

___ I give permission for my student to self-administer the following medication/s.

OR

___ I request the Coronado Band Parent Volunteer, serving as the designated First Aid person, to administer the student named below the following medication/s. We will be responsible for personally delivering the medication/s to the Coronado Band Parent First Aid person.

Student Name: _____

Allergies (Food/Drug): _____

Medication: _____

Dosage: _____

Time: _____

Dates: _____

The above medication has been furnished by the undersigned. If it is a prescription medication, it is in its original pharmacy container labeled with the student's name, prescription number, medication name, dosage, and number of times a day to be administered. If it is a non-prescription (over-the-counter) medication, it is in its original container. The date and time to be given and dosage to be administered are entered above.

I understand that all medication will be kept in a secure manner (unavailable to other students). I agree to, and do hereby hold the District, its employees, Coronado Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

Parent Signature _____ Date _____

Print Name _____

Home # _____ Work # _____ Cell/Beeper/Pager # _____

SCOTTSDALE UNIFIED SCHOOL DISTRICT

SCHOOL HEALTH PROGRAM

Due July 22, 2011

CONSENT AND RELEASE FOR STUDENT TO CARRY

School _____

Phone _____

Student _____

Birthdate _____

The above named student has been instructed in the proper purpose and appropriate method and frequency of use of auto-injectable epinephrine. We, the undersigned physician and parent of this student, request that he/she be permitted to carry an auto-injectable epinephrine device on his/her person while at school and during school functions.

We understand, confirm and agree that:

1. The Scottsdale Unified School District is not responsible for safeguarding the medication, or for ensuring that the student uses the medication properly;
2. The device must be properly labeled, and the label must clearly reflect the student's name.
3. The physician has explained to the parents and the student the detriments and risks of using auto-injectable epinephrine inappropriately.
4. Should the student ever use the device while at school or at a school sponsored activities, the student shall notify the school nurse (or supervising staff member if during non-school hours) as soon as practicable.
5. The student understands his/her responsibility for keeping the device safely on his/her person.
6. The student understands the importance of preventing other students from using the medication, that such use could seriously endanger other students, and that voluntarily permitting such use will result in discipline (up to and including expulsion). As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for safe auto-injectable epinephrine use.
7. As a parent, I understand that should my child lose the device, my child is at risk for serious complications including respiratory arrest and death.
8. As a parent, I recognize that it is prudent to keep an extra auto-injectable epinephrine device in the Health Center for emergency use by my child.
9. The student, his/her parent and physician understand that the standard practice of the Scottsdale Unified School District is to keep all medications locked in the school Health Center for the protection of all students.

In addition to this form, the District requires that the parent complete and return the medication permission form (HMES 503), explaining how the medication is administered

Physician signature

Date

School nurse signature

Date

Parent signature

Date

Principal/designee signature

Date

Student signature

Date

PLEASE NOTE THAT THIS AUTHORIZATION MUST BE UPDATED AND RE-SUBMITTED EVERY YEAR.

STUDENT INSURANCE FORM

2011-2012 Academic Year

Due July 22, 2011

SCOTTSDALE UNIFIED SCHOOL DISTRICT

STUDENT'S NAME (please print) _____ attends CHS.

PARENT/GUARDIAN NAME (please print) _____

I, the undersigned parent or guardian of the above-mentioned student, do hereby understand that the Scottsdale Unified School District requires all student participating in athletics, in any school-sponsored off-campus activities or to be enrolled in any classes considered to be in hazardous subject areas, such as shop, etc., to be covered by an insurance program. Fully understanding and accepting all responsibility and absolving the School Board and the School District in lieu of any required insurance for my son/daughter (ward). I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries while participating in the above-mentioned activities to the said student.

My son/daughter is covered by the following insurance:

Name of Insured _____ Phone _____ Employer _____

Name of Insurance Carrier _____

Group Number _____ Member ID _____

Claim phone number _____

Is Pre-Certification Required? _____ Yes _____ No

Parent/Guardian Signature

Print Name

Date

My son/daughter is not covered by insurance:

I, the undersigned parent or guardian of the above-named student, do hereby confirm with my signature below that I do not have insurance coverage of said student. By signing below, I acknowledge that I accept full responsibility for all expenses incurred of any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should the above-mentioned student be injured or become ill while participating in an authorized Band/Concert activity sponsored or sanctioned by the Coronado High School Band.

Parent/Guardian Signature

Print Name

Date

**Scottsdale Unified School District
Extra Curricular Activities Payment Form**

The State of Arizona allows tax payers to donate to the Public Schools Tax Credit program. This program allows fees or donations made payable to public schools for extra curricular activities to be used as a dollar for dollar credit on your taxes. Activities that count for tax credit are extra curricular activities that require enrolled students to pay a fee in order to participate in an extra curricular tax credit program. These types of activities can include athletic participation, non recreational field trips, and before/after school activities. Individuals may claim up to \$200.00 and married couples filling jointly may claim up to \$400.00 in a tax year. Please note that as this is a tax credit, any payment or donation made is non refundable. For more information regarding the Arizona Public School Tax Credit please visit the Arizona Department of Revenue web site at <http://www.azdor.gov>.

_____ Yes I would like my payment for extra curricular activities to be applied to the Arizona State Tax Credit Program. I am also aware that this payment will not be refundable by Scottsdale Unified School District.

_____ No I do not want my payment for extra curricular activities to be applied to the Arizona State Tax Credit Program. I understand that my payment will not qualify for the Arizona Public Schools Tax Credit program.

Payment Received From: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Student Name: _____

Extra Curricular Activity: Marching Band Field Trips

RETURN FORM to Hayden School Supply

DUE July 22, 2013

Hayden School Supply

Band Shoes, Gloves & Marching Accessories

480-988-2670
480-988-2881 FAX

P.O. Box 27777
Tempe, AZ 85285

STUDENT NAME _____ TELEPHONE _____
(Please print clearly)

SCHOOL CORONADO High School

COLOR & STYLE OF SHOE YOUR SCHOOL WEARS:

MTX Black (Price \$ 38.00)

Please indicate shoe size from 5 to 11 by half sizes and 12 to 16 by whole sizes only. If 1/2 sizes not available, next whole size will be provided.

MENS SIZE _____ Medium or Wide width?

WOMENS SIZE _____ Medium or Wide width?

Note: If you are female ordering male shoes or male ordering female shoes due to shoe fit, please note in margin that this is correct and your intention.

Glove size: Check the size you want to order. Small Medium Large X-Large

Cotton Gloves:

[REDACTED]
[REDACTED]
White, Long Wristed.....how many _____ x \$3.00 = \$ _____
Black, Long Wristed.....how many _____ x \$3.25 = \$ _____
[REDACTED]
[REDACTED]

Sure Grip Gloves:

[REDACTED]
[REDACTED]
White, Long Wristed.....how many _____ x \$3.75 = \$ _____
[REDACTED]
[REDACTED]

Flip Folders: (5 windows with 10 pockets).how many _____ x \$6.00 = \$ _____

Extra Windows for Flip Folders:.....how many _____ x \$.50 = \$ _____

Extra Rings for Flip Folders:.....how many _____ x \$.50 = \$ _____

TOTAL BALANCE DUE..... \$ _____

Prices include tax and freight. All items will be delivered to High School or University.

Mail this form to Hayden School Supply with check, money order, Visa, Mastercard

Hayden School Supply
P.O. box 27777
Tempe, AZ 85285

Authorized Signature _____

BAND T-SHIRT ORDER FORM

Due July 22, 2011

(Return to the Coronado Band Boosters)

One T-Shirt is included with the fair share fees. You may order more than one (1) T-Shirt for your child(ren), as well as ordering one (1) for you as a parent. **Extra T-Shirts are \$11 each.**

Please indicate below:

Name _____

T-SHIRT SIZE

QUANTITY _____

YOUTH

ADULT

	M	L	XL		S	M	L	XL	XXL	XXXL
QTY										

TOTAL # OF T-SHIRTS: _____ X \$11 EACH = AMOUNT DUE: \$ _____