



Huntington Blue Devil Marching Band

2016-17 Member Form Packet

Congratulations! You are a member of the Huntington Blue Devil Marching Band. We are excited to begin the 2016-17 season. Please read through the instructions below and the packet thoroughly.

- HAND THIS PACKET BACK TO MS. CASTANEDA OR MR. STELLATO DIRECTLY, NOT THROUGH ANOTHER STUDENT OR TEACHER.**

- EVERY FORM MUST BE NOTARIZED BY A LEGAL NOTARY**
This is a change in policy as required by the Huntington Union Free School District. We are making arrangements for Notaries to be at the school for signing. Check the websites/Remind for further information.

- Each member and parent/guardian must complete and sign ALL forms in this packet.**

- This packet is **DUE AUGUST 22, 2016.** (1st day of band camp)

- Do not separate this packet.**

- Please print neatly.**

- A copy of the Huntington High School Blue Devil Band Member Handbook can be found at www.huntingtonmarchingband.weebly.com under "Forms."**
In efforts to save paper, a hardcopy of this handbook will be distributed via request only for members who do not have access to the internet.

- Two copies of the Code of Conduct must be signed.**
One copy is to be turned in.
One copy is for you to keep for your records.

- Please read everything before signing.
If you have any questions, please contact:
Ms. Castaneda at jcastaneda@hufsd.edu or
Mr. Stellato at bstellato@hufsd.edu



Huntington Blue Devil Marching Band

2016-17 Member Form Packet

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 - Notary Required



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Health Screening and Emergency Contact Form

Student Information

Student Name: _____ Date of Birth: ____/____/____

Sex: (circle one) Male Female Date of Last Tetanus Shot: ____/____/____

Student Address: _____

_____, NY _____

Home Phone (____)____-____ Cell Phone(____)____-____

Grade 2016-17 school year: (circle one) 7 8 9 10 11 12

Parent Information

Parent Name: _____ Cell Phone(____)____-____

Parent Name: _____ Cell Phone(____)____-____

Authorized Alternate Emergency Contact:

Name: _____ Relationship: _____

Phone: (____)____-____

Name: _____ Relationship: _____

Phone: (____)____-____

Family Doctor & Insurance Information:

Family Doctor: _____ Phone: (____)____-____

Insurance Company: _____ Policy Number: _____



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STUDENT MEDICAL HISTORY:

CARDIOVASCULAR/RESPIRATORY

Please check if your child has a history of:

- | | |
|---|--|
| <input type="checkbox"/> Heart or Lung Trouble | <input type="checkbox"/> Chronic Tiredness |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Chest Pains with Exercise |
| <input type="checkbox"/> Dizziness or Faintness with Exercise | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Rapid or Irregular Heartbeats | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Other _____ | |

BLOOD

Please check if your child has a history of:

- | | |
|--|--|
| <input type="checkbox"/> Tendency to Bleed/Bruise Easily | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Other _____ | |

DIGESTIVE

Please check if your child has a history of:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Frequent Pain in Abdomen | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Other _____ | |

NEUROLOGICAL

Please check if your child has a history of:

- | | |
|---|---|
| <input type="checkbox"/> Brain Concussion (Head Injury) | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Skull Fractures | <input type="checkbox"/> Recurring/Severe Headaches |
| <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Other _____ |

EYES/EARS/NOSE/THROAT

Please check if your child has a history of:

- | | |
|---|--|
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Sinus Infection |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Deviated Septum |
| <input type="checkbox"/> Other _____ | |



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ORTHOPEDIC

Please check if your child has a history of:

- | | |
|---|---|
| <input type="checkbox"/> Bone Fracture | <input type="checkbox"/> Joint Dislocation |
| <input type="checkbox"/> Foot Problems | <input type="checkbox"/> Spine/Limb Deformity |
| <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Back Injury/Frequent Backaches |
| <input type="checkbox"/> Knee Injury/Recurring Pain | <input type="checkbox"/> Ankle Injury/Recurring Pain |
| <input type="checkbox"/> Other _____ | |

ALLERGY

Please check if your child has a history of:

- | | |
|---|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Hives or Rashes | |
| <input type="checkbox"/> Reaction to Medication: (List Below) | <input type="checkbox"/> Reaction to Insect Stings: (List Below) |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

MEDICATION

Does your child take any medications regularly? (circle one) Yes No

If YES, list any and all medications:

Does your child take any medications for emergency use? (circle one) Yes No

If YES, list any and all medications:

If you checked any of the above conditions, please explain in the space below:



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AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, am the parent/legal guardian
First Name/Last Name

of _____, a minor child who was born
First Name/Last Name

on _____, and whose age is _____, and who resides at:

_____, NY, _____
Street Town Zip Telephone

In the County of Suffolk, State of New York.

I give permission for an adult chaperone provided for this trip by the Huntington Union Free School District, in the County of Suffolk, State of New York, to authorize emergency treatment which may be necessary for my minor child named above, while participating in this trip, when efforts to contact me are unsuccessful or not possible. Such treatment to include, but not be limited to: examinations, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures and admission for hospital care as may be required.

It is understood that such care will be upon the advice of a duly licensed physician or surgeon.

Parent/Guardian Signature (person responsible for payment of emergency care or treatment) Date: _____

Sworn to me this _____ day

of the month of _____ 20 _____

Notary Signature _____





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Syracuse Overnight Trip Medication Form

Prescription Medications

Check here to decline

Parent Signature _____

I request that my patient as listed below, receive the following prescription medication(s) including PRNs:

Name of Student: _____ Date of Birth: ____/____/____

Diagnosis: _____ or circle N/A

Name of Medication(s): _____ or circle N/A

Prescribed Dosage, Frequency and Route of Administration: _____ or circle N/A

Time to be taken daily during school trip(s): _____ or circle N/A

Standard Over the Counter Medications

The following medications are available in the Health Center with parent/guardian AND physicians approval. Please select which medication below can be administered or taken self-directed.

Key: PRN (if needed) PO (taken by mouth) Topical (applied to skin) Q (every)

Drug Name	Route	Dosage	Schedule and Indications	Health Care Provider Order	Comments
Motrin/Ibuprofen	PO (chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN Pain, fever, cold symptoms, toothache, muscle aches	YES NO	
Tylenol/Acetaminophen	PO (chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN Pain, fever, cold symptoms, toothache, muscle aches	YES NO	
Robitussin/Robitussin DM	PO (liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN Coughs	YES NO	
Benadryl/Diphenhydramine	PO/Topical (pills, liquid or spray)	Per label instruction by age/weight	PRN - Insect bites, allergies, respiratory allergies	YES NO	



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Drug Name	Route	Dosage	Schedule and Indications	Health Care Provider Order	Comments
Caladryl, Calagel & Hydrocortisone	Topical (cream)	Per label instruction	Q 6-8 hrs PRN Rash, skin irritation	YES NO	
Calamine	Topical (cream or gel)	Per label instruction	PRN - Insect bites, skin irritation, rash	YES NO	
Bacitracin	Topical (cream or liquid)	Per label instruction	PRN - Stings/bites, cuts, scrapes, splinters, blisters	YES NO	
Dimetapp	PO (elixir of tabs)	Per label instruction by age/weight	Q 6-8 hrs Nasal congestion/drainage	YES NO	
Dramamine	PO (chewable tabs)	Per label instruction by age/weight	Q 6-8 hrs Motion Sickness	YES NO	
Loperamide HCL	PO (tabs of liquid)	Per label instruction by age/weight	Two tabs after first loose stool, followed by one tab after each additional stool. No more than 4 tabs in 24 hours	YES NO	
Mylanta	PO (chewable tabs, elixir, or tabs)	Per label instruction by age/weight	BID-TID PRN Upset stomach	YES NO	

Licensed Physician's Signature _____ License # _____ Address _____ Phone (____) _____ - _____ Date of Form Completion ____/____/____ By _____ <div style="text-align: right; font-size: small;">Initial if completed by nurse or physician's assistant</div>

Parent/Guardian Signature _____ Date ____/____/____



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Local Competition Permission Slip

FIELD TRIP PARENTAL CONSENT

I hereby give permission for my child, _____ to participate in school sponsored Education field trips to local HBDMB competitions. I understand that my child will travel to the following locations on the attached dates:

<u>DATE:</u>	<u>LOCATION:</u>	<u>TRANSPORTATION:</u>
Sunday, September 18	Brentwood High School	District approved school bus
Sunday, September 25	Copiague High School	District approved school bus
Saturday, October 2	Malverne High School	District approved school bus
Sunday, October 9	Arlington High School	District approved coach bus
Sunday, October 16	Sachem High School	District approved school bus
Saturday, October 22	Mineola High School	District approved school bus

***MEDICAL INFORMATION**

**All pertinent medical information has been included in the HBDMBD Medical Form*

STUDENT'S RESPONSIBILITY

I agree to behave in an appropriate manner on this field trip and cooperate with the teacher and/or chaperone at all time. I also agree to abide by any rules set by the teacher in charge and agree to follow the District Code of Conduct. I realize that failure to act in an appropriate manner or to abide by school, district, or special teacher rules will result in a suspension from school and suspension from field trips for the remainder of the school year and possibly a more extended period of time, depending on the date of the field trip.

Student Signature

Student Name (Print)

Date

Parent/Guardian Signature

Date

Sworn to me this _____ day
of the month of _____ 20_____
Notary Signature _____





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Overnight Field Trip Permission Slip

Student's Name: _____

Trip Date(s): October 29-31, 2016 Group: Huntington Blue Devil Marching Band

Destination: Syracuse, NY Mode of Transportation: Coach Bus

I hereby give permission for my child to participate in this Huntington Schools Overnight Field Trip.

In the event of a medical emergency, the procedure on this trip will be to call the parent or guardian, time permitting, before taking a student to a medical facility. However, when neither one can be reached, the following permission will allow prompt attention.

We/I hereby give permission for the School District's trip leader(s) or designee(s) to transport our/my child to or from a hospital for emergency treatment.

We/I hereby give permission for the School District's trip leader(s) or designee(s) to sign any consent forms which may be necessary to allow hospital personnel and/or licensed physician to examine our/my child and perform any emergency procedures or surgery, or render any emergency treatment which may be necessary, and to consent to the administration of any drugs or medication necessary to render such emergency care.

We/I hereby do release the Huntington Union Free School District, members of its Board of Education, employees, agents, volunteers, and trip chaperones, and to hold them harmless and indemnify them from demands, liabilities, and causes of action arising out of, or connected to personal injury, illness, death, or property damage resulting from any cause whatsoever other than their own negligence, and for any expenses incurred in the rendering of or arising out of any care and treatment so provided.

We/I understand that in the event of an illness when in the judgement of the principle trip leader(s), nurse, or doctor, it is in the best interest of the child for him/her to be taken or sent home, that the parent or guardian will assume the responsibility for providing said transportation home.

Parent/Guardian signature

Date

*Parent/Guardian signature

Date

*Form is to be signed by both parents/guardians unless legal custody is by one parent only.

Sworn to me this _____ day

of the month of _____ 20_____

Notary Signature _____

Notary Stamp Here



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Huntington High School Blue Devil Band Member Contract



Our signatures on this contract indicate the following:



We have viewed a copy of the Huntington High School Blue Devil Handbook on the band's website www.huntingtonmarchingband.weebly.com



If the internet was not available to us, we have requested and received a hardcopy of the Huntington High School Blue Devil Band Handbook.



We have read the Huntington High School Blue Devil Band Handbook.



We understand the Huntington High School Blue Devil Band Handbook.



We agree to follow the Huntington High School Blue Devil Band Handbook including the consequences associated with its policies.

We give permission for our child to be photographed/video taped for educational purposes with the understanding that these images may appear in a newspaper/website/etc.

Student Name (Print Neatly)

Student ID#

Student Signature

Date

Parent Signature

Date

Sworn to me this _____ day
of the month of _____ 20____
Notary Signature _____





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HUNTINGTON UNION FREE SCHOOL DISTRICT CODE OF CONDUCT

The following **Code of Conduct** has been formulated by the Huntington Union Free School District to serve as a guide to what is expected from each group member in the way of general conduct.

- All members of this group shall display mature behavior, good citizenship, and high moral character at all times. Furthermore, all members are expected to conduct themselves in a responsible manner, to show careful regard for their own safety as well as that of others, and to cooperate in every way with adults in charge of the trip.
- Members of the group shall not use, possess, sell or be in a room where there are illegal drugs of any kind, or where there are alcoholic beverages in any form. Students found possessing or having used such products will be sent home immediately, at their parents'/guardians' expense.
- Smoking will not be permitted while a student is officially representing the Huntington School District.
- No student will be permitted to board the bus without having completed and turned in the signed forms mentioned on the Information Sheet
- Group members shall keep their chaperones informed of their activities and whereabouts at all times. No one will be permitted to leave the group. Curfews will be established by the chaperones and enforced.
- Students should check their room for any damage prior to occupancy and should report any damage to a chaperone immediately. Any damage found after occupancy will be billed to the students assigned to that room.
- No group member shall violate and local laws or, if applicable, any laws of another country.
- Parents/guardians will be responsible for any damage and/or theft caused by their child.
- A chaperone, for reasons of safety and welfare, may enter a student's room.
- Any group member violating or ignoring any of the conduct rules may be sent home immediately at his/her or parents'/guardians' expense. As this is an official Board of Education approved function, final disciplinary action may be taken by the Principal after arriving home.
- Group members shall respect and abide by the authority delegated to the chaperones. The chaperone are designated as responsible for enforcing the Code of Conduct.
- Parent/Guardian and student will sign two copies of the **Code of Conduct**. One copy will be returned after it has been approved.

I have read and understand the **Code of Conduct** and I agree to abide by the Code during the trip.

Student Name (Print Neatly)

Signature of Student

I have read and understand the **Code of Conduct** which will be in effect during my child's trip. I have instructed my child to comply with this Code during the trip.

Signature of Parent/Guardian

Sworn to me this _____ day of the
month _____ 20 _____

Notary Signature _____





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HUNTINGTON UNION FREE SCHOOL DISTRICT CODE OF CONDUCT

The following **Code of Conduct** has been formulated by the Huntington Union Free School District to serve as a guide to what is expected from each group member in the way of general conduct.

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- No student will be permitted to board the bus without having completed and turned in the signed forms mentioned on the Information Sheet
- Group members shall keep their chaperones informed of their activities and whereabouts at all times. No one will be permitted to leave the group. Curfews will be established by the chaperones and enforced.
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- Parents/guardians will be responsible for any damage and/or theft caused by their child.
- A chaperone, for reasons of safety and welfare, may enter a student's room.
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- Group members shall respect and abide by the authority delegated to the chaperones. The chaperone are designated as responsible for enforcing the Code of Conduct.
- Parent/Guardian and student will sign two copies of the **Code of Conduct**. One copy will be returned after it has been approved.

I have read and understand the **Code of Conduct** and I agree to abide by the Code during the trip.

Student Name (Print Neatly)
Signature of Student

I have read and understand the **Code of Conduct** which will be in effect during my child's trip. I have instructed my child to comply with this Code during the trip.

Signature of Parent/Guardian

Sworn to me this _____ day of the
month _____ 20_____

Notary Signature _____

