

2018-2019 PEARCE HIGH SCHOOL CHOIR
HANDBOOK ACKNOWLEDGEMENT FORM

This Handbook is provided for your information. I hope it will make your Pearce High School Choir experience as beneficial as possible. Your experience depends largely on your attitude and your commitment to achieving your own potential. If you have any questions, feel free to call the choir director at 469-593-5024.

Sign the following statement and return it to the choir office. All forms must be on file by the end of the first six weeks.

Student's Printed Name _____

THIS IS TO CERTIFY THAT I HAVE RECEIVED AND READ THE 2018-2019 PEARCE HIGH SCHOOL CHOIR HANDBOOK AND WILL OBSERVE ALL GUIDELINES FOUND THEREIN. I WILL CONDUCT MYSELF IN SUCH A MANNER AS TO BE A CREDIT TO THE ORGANIZATION AND SCHOOL. I WILL DO EVERYTHING IN MY POWER TO PROMOTE ACTIVITIES OF THE CHORAL DEPARTMENT.

PHS Choir Student Signature

Date

I HAVE RECEIVED AND READ THE 2018-2019 PEARCE HIGH SCHOOL CHOIR HANDBOOK AND UNDERSTAND HOW IT APPLIES TO MY CHOIR STUDENT.

PHS Choir Parent/Guardian Signature

Date

I grant permission for Pearce Choir to identify me by name or likeness or both in PHS or RISD publications, either printed or electronic.

Accept

Decline

PHS Choir Student Signature

I grant permission for Pearce Choir to identify my above named child by name or likeness or both in PHS or RISD publications, either printed or electronic.

Accept

Decline

PHS Choir Parent/Guardian Signature

J. J. PEARCE HIGH SCHOOL CHOIR
RICHARDSON INDEPENDENT SCHOOL DISTRICT
MEDICAL RELEASE FORM

I hereby grant my son/daughter/ward _____, my permission to attend J. J. Pearce High School Choir functions and trips for the 2018-2019 school year. I understand that the field trip activities will be supervised by adult leaders.

I hereby release the Richardson ISD and all its supervisors, employees, representatives, chaperones and/or volunteers from any and all liability and/or claims and/or cause of actions, individually or collectively, for any damages or injuries or loss of property which might occur during the field trip, or traveling to and from the field trip destinations.

Parent/Guardian Signature: _____ Date: _____

Address/City/Zip: _____

Phone #: Home: _____ Work(M): _____ Cell(M): _____

Phone #: Home: _____ Work(F): _____ Cell(F): _____

In case I cannot be reached, please contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

MEDICAL INSURANCE

Insurance Company: _____ Group #: _____

ID. #: _____ Coverage Verif Phone #: _____

Name of Policy Holder: _____

MEDICAL INFORMATION

Allergies (include drugs): _____

Asthma: _____

Epilepsy: _____

Heart Disease: _____

Other: _____

Prescription medications:

PLEASE SEE BACK OF FORM

Please check any non-prescription medications that may be administered to your child

When necessary;

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Midol	<input type="checkbox"/> Emetrol	<input type="checkbox"/> Actifed
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Aleve	<input type="checkbox"/> Imodium	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antacid (tablets)	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Cough Syrup	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Dramamine
<input type="checkbox"/> Neosporin			

Other medications: _____

Physician: _____ Phone: _____

My child has my permission to go swimming on choir trips should there be an opportunity.

Blood Type: _____

Authorization is hereby given for administration of any medical treatment deemed necessary during any choir trip or during any choir activity. Such treatment will be administered only by a licensed nurse, paramedic or doctor.

I agree to accept responsibility for all authorized doctor, hospital, and medical expenses incurred on any trip. In case of serious illness, I hereby grant permission for school employees to secure medical services for the student named on this form.

_____	_____
Parent/Guardian signature	Date

SPRING TRIP REVIEW

For use in Spring Semester only. Please make any updates or corrections and sign below	
Spring trip review signature	Date
_____	_____

2018-2019 Extracurricular Activity Acknowledgment and Agreement Form

Student Statement:

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I agree to comply with all rules and regulations in these guidelines and any additional rules adopted by my school as a condition of participation as a member of an extracurricular activity. I understand that my failure to comply with these guidelines may result in disciplinary action, including dismissal from all extracurricular activities.

Printed Name of Student

Student Signature

Date Signed

Parent/Legal Guardian Statement (for students under 18 years of age):

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I understand that my student must comply with all rules and regulations written in these guidelines and any additional rules adopted by my student's school as a condition of participation in an extracurricular activity. I understand that his or her failure to comply may result in disciplinary action, including dismissal from all extracurricular activities.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date Signed