

Broad Creek Middle School Band

STUDENT NAME _____

Handbook Consent Form

Parent/Student: I have read and understand the Broad Creek Middle School Band Handbook. I will do my best to help my child abide by the guidelines therein. Concerts are a team effort and I have marked my calendar accordingly, knowing they are for a grade. Because band is a team, we expect the team members to remain in band all year.

I have completed the parent/student contact informational form at broadcreekband.weebly.com

Parent's Signature _____ Date _____

Order Form

Method Book (\$10)

_____ 6th Grade _____ 7th Grade _____ 8th Grade

Measures of Success

Vandoren Reeds (clarinet/saxophone: in packs of 5)

_____ Clarinet \$15
_____ Bass Clarinet \$25
_____ Alto Sax \$15
_____ Tenor Sax \$25
_____ Bari Sax \$35



2019-20 Band Shirt – The **shirts** are a required for band students. We will use the shirts for special performances, pictures, and events throughout the school year. Consider selecting a size that will last your student through June. ☺ (Adult Sizes available. I'm sorry there are not youth sizes in this shirt.)

How Many?

What Size? (circle)

_____ Short Sleeved Shirt (\$15)	Size:	AXS	AS	AM	AL	AXL	AXXL(+ \$3)
_____ Long Sleeved Shirt (\$18)	Size:	AXS	AS	AM	AL	AXL	AXXL(+ \$3)
_____ Hoodie (\$22)	Size:	AXS	AS	AM	AL	AXL	AXXL(+ \$3)
_____ Hat or Beanie (\$15)							

TOTAL Amount Enclosed: \$ _____ **(Method Book and 2019 Band Shirt; reeds optional)**

Make Checks payable to BCMS.

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Health and Medical Release Form

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian _____

All Parent Phone Numbers (best number first) _____

Family Physician: _____ Phone Number: _____

Date of Last Tetanus Booster: _____

Allergies: Food _____ Drug _____

Medication(s) Taken Routinely and Dosage(s): _____

Special Health Needs: _____

Name of Insurance Company: _____ Policy #: _____

Parent/Legal Guardian Medical Emergency Authorization

In the event of a medical emergency while my child is participating in a school trip, I authorize Carteret County Public School System officials to release the above information to the healthcare provider. I understand school officials will use the contact information provided above to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, the trip supervisor(s) or school principal will make every effort to contact a parent first, unless a delay is judged potentially detrimental to the child's welfare. If contact is not made because of my immediate availability or in the interest of my child's wellbeing, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

I understand that if I give permission for my child to be driven to a field trip in a privately-owned vehicle, that only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Carteret County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

This permission is given for any trip or function with the Broad Creek Middle School Band for the 2018-19 school year. This documentation shall be confidentially maintained by the supervising school official.

Parent/Guardian Signature _____ Date _____