

Shawnee Mission North

Marching Indians

2017-2018 Permission Forms Packet



Due Date: Friday, August 25

Worth: 50 Points

Shawnee Mission North Band Permission Form

Name: _____ Age: _____

Address: _____
Address City State Zip

Home Phone: _____ Cell Phone: _____

Instrument(s): _____ Grade: _____

Student E-mail: _____

Parent E-mail: _____

The Shawnee Mission North Band Handbook is posted in the document section of both the Charms Office and SMN band websites. Students and parents are expected to review and become familiar with the information.

I have read the rehearsal/performance schedule and band handbook for the Shawnee Mission North Band Program and understand my obligations as a 2017-2018 North Band Member.

Student Signature: _____ Date: _____

I hereby give permission for _____ to attend all events with the Shawnee Mission North High School Band program. I waive any liability of the school, staff, or Shaw-Mi-No Booster organization for injury or damage sustained by my student or his/her possessions during band related activities.

Parent Signature: _____ Date: _____

Band Handbook Information

The Shawnee Mission North Band Handbook is posted in the document section of both the Charms Office and the SMN band websites. Students and parents are expected to review and become familiar with the information.

PLEASE SIGN BELOW acknowledging you have read and understand the band handbook. This form is to be returned by **Friday, August 25, 2017** along with all permission forms. Thank you!

Student Signature _____ Date _____

Parent Signature _____ Date _____

FIELD TRIP APPLICATION AND PERMISSION FORM
SHAWNEE MISSION PUBLIC SCHOOLS

Appendix B

Within School Day Beyond School Day Name of School _____

Organization Applying North Bands

Date of Field Trip as per calendar Time of Departure TBD Estimated Time of Return TBD

Field Trip Origination and Termination Point North

Specific Location of Field Trip Activity as per calendar, KC metro area
(Specific Place, City, State)

Rationale For Taking This Field Trip performances/education

Mode of Transportation Bus or student provided
(Name of Carrier and Type of Transportation)

Cost Per Student 0 How Financed boosters

Number of Students Involved as per roster Number of Supervisory Personnel Involved 1-4

Brief Itinerary of This Field Trip as per calendar

Requested By *Chad Reed* 7/24/17
(Teacher/Sponsor Signature) (Date)

[Signature] 7/24/17 Approved Disapproved
(Building Principal) (Date)

(District Administrator) (Date) Approved Disapproved

The purpose of this form is to inform you of the above planned activity. Before your child will be allowed to participate in the above activity, it will be necessary for you to provide your consent. This activity will be supervised by adults. It may be necessary to alter some of the details of this activity outlined above, but efforts will be made to retain normal supervision for the safety and welfare of all field trip participants. Please mark one of the statements below and sign where indicated. Failure to return this form will prevent your child from participating in the above activity.

My child **may** participate in this activity. My child **may not** participate in this activity.

Student Name (Please print) (Parent Signature) (Date)

Student Signature (If 18 years old)

FIELD TRIP APPLICATION AND PERMISSION FORM
SHAWNEE MISSION PUBLIC SCHOOLS

Appendix B

Within School Day Beyond School Day Name of School _____

Organization Applying North Bands

Date of Field Trip 10/27/17 Time of Departure TBD Estimated Time of Return TBD

Field Trip Origination and Termination Point North

Specific Location of Field Trip Activity CMU, Warrensburg stadium
(Specific Place, City, State)

Rationale For Taking This Field Trip festival performance

Mode of Transportation Bus
(Name of Carrier and Type of Transportation)

Cost Per Student 0 How Financed boosters

Number of Students Involved as per roster Number of Supervisory Personnel Involved 1-4

Brief Itinerary of This Field Trip perform in one or two rounds of competition

Requested By *Chad Reed* 7/24/17
(Teacher/Sponsor Signature) (Date)

[Signature] 7/24/17 Approved Disapproved
(Building Principal) (Date)

(District Administrator) (Date) Approved Disapproved

The purpose of this form is to inform you of the above planned activity. Before your child will be allowed to participate in the above activity, it will be necessary for you to provide your consent. This activity will be supervised by adults. It may be necessary to alter some of the details of this activity outlined above, but efforts will be made to retain normal supervision for the safety and welfare of all field trip participants. Please mark one of the statements below and sign where indicated. Failure to return this form will prevent your child from participating in the above activity.

My child **may** participate in this activity. My child **may not** participate in this activity.

Student Name (Please print) (Parent Signature) (Date)

Student Signature (If 18 years old)

**TRANSPORTATION RELEASE FORM
FOR CO-CURRICULAR AND EXTRA-CURRICULAR PROGRAMS**

Notice to Parents and Guardians: Some extra-curricular and co-curricular activities require private transportation. In such cases, parents must be responsible for ensuring that their student is following both district and parental guidelines. The district cannot be responsible for every transportation alternative. Please communicate with your student in order to know with whom he or she may be riding. Students who fail to conform to district policies may be subject to disciplinary action.

1. Student riding with other licensed drivers (other than authorized district personnel):

I give my consent for _____ (student name) to ride with other licensed drivers, including other students, to and/or from school-related activities or practices.

YES _____ NO _____

2. Student providing his/her own transportation:

I give my consent for _____ (student name) to drive an automobile owned or leased by him/her or me to and/or from school-related activities or practices:

YES _____ NO _____

3. Student transporting other students:

I give my consent for _____ (student name) to transport other students to and/or from school-related activities or practices.

YES _____ NO _____

If you answered "YES" to either No. 2 or No. 3 of the above questions, please complete the following section:

_____ (Student name) holds a valid driver's license and is in compliance with Kansas state law.

_____ (Student name) is insured by an automobile liability insurance policy, which is in compliance with the requirements of the Kansas law.

Student's Driver's License No. _____ State _____

Insurance Company _____ Policy No. _____

***** EVERYONE MUST SIGN BELOW! *****

Signature of Parent/Guardian

Date

Acknowledged by _____
Student

Date

**TRANSPORTATION GUIDELINES AND TRAVEL FORM
FOR CO-CURRICULAR AND EXTRA-CURRICULAR PROGRAMS**

The purpose of this form is to inform you that students in the Shawnee Mission School District ("the district") may be involved in co-curricular and/or extra-curricular programs that require travel. The district's Transportation Policy for Co-Curricular and Extra-Curricular Programs is incorporated herein by reference. Each student who participates in extra-curricular and/or co-curricular activities and his/her parent or guardian must sign this form.

Students may, from time to time, be involved in co-curricular or extra-curricular programs that require travel.

When the district provides transportation, the student will be required to use that transportation unless the student and the student's parent or guardian has completed a transportation release *and* the coach or sponsor of the program approves.

When transportation is provided by the district, it will be at no cost to the student and will be regulated by state laws and district policies.

The undersigned acknowledge these policies and hereby consent to allow their student to travel to and from these programs by district-provided transportation.

Signature of Parent or Guardian

Date

Signature of Student

Date

**ATHLETIC AND SPECIFIC CO-CURRICULAR ACTIVITIES
INSURANCE INQUIRY**

Through the Kansas State High School Activities Association, the Shawnee Mission School District provides lifetime catastrophic medical insurance for students injured while participating in activities under the jurisdiction of the KSHSAA. The deductible for this program is \$25,000 per accident.

The Shawnee Mission District does not carry accident insurance to cover medical expenses up to the \$25,000 deductible of the KSHSAA plan for injuries to students while participating in athletics and co-curricular activities. The district does provide a voluntary accident insurance program for patrons to cover medical expenses below the \$25,000 deductible while participating in athletics and co-curricular activities. Information on these programs is available in the school office or we can arrange for it to be sent home with your student.

The interscholastic football insurance plan covers football only. The other insurance plans cover all other sports and co-curricular activities.

Please check one of the options below and sign:

I will enroll my son/daughter _____ in the insurance plan that covers football only.

I will enroll my son/daughter _____ in the insurance plan that covers all school activities and sports, except football.

The enrollment form for insurance and the appropriate premium should be sent directly to the insurance carrier in the postage-paid, addressed envelope. Coverage will become effective the day after the enrollment form and premium are received by the company. It is the responsibility of parent/guardian to enroll their student.

I do NOT wish to enroll my son/daughter _____ in the Insurance plans attached.

X _____
Parent/Guardian's Signature

Date

MEDICAL TREATMENT CONSENT FORM

I hereby authorize the physician(s) for the Shawnee Mission School District and its schools, and/or their consulting physicians, to administer emergency care to:

Student/Athlete's Name

to render any treatment or medical care to the above named student-athlete, to render any treatment or medical or surgical care that they deem necessary to protect his or her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

In the absence of the school's authorized physician(s), I hereby grant permission to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above. Additionally, I hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for the treatment of any injury sustained by the above named student-athlete. I also hereby grant permission for qualified athletic trainers to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student-athlete.

I understand that the terms hereof apply to any injury, illness, or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

X Parent/Guardian's Signature Date

RELEASE OF INFORMATION AUTHORIZATION

Student/Athlete's Name

I hereby authorize the release of any and all information relating to the athletic participation of the above named student-athlete to the media as well as to college scouts and recruiters.

X Student/Athlete's Signature Date X Parent/Guardian's Signature Date

SHAWNEE MISSION SCHOOL DISTRICT
TOBACCO/ALCOHOL/DRUG CONTRACT

DISTRICT CONTRACT REGARDING TOBACCO/ALCOHOL/DRUG AND EXTRA-CURRICULAR ACTIVITY PARTICIPATION

The Shawnee Mission School District and Shawnee Mission NORTH High School are committed to provide a wide variety of wholesome, well supervised extra-curricular activities. We encourage each and every student to become involved and participate as representatives of his/her school.

The following contract will apply to each student who represents his or her school in any extra-curricular activity. Students participating in any Shawnee Mission School District extra-curricular activity must have a signed tobacco/alcohol/drug contract on file in the principal's office. The signed contract will be in effect during the student's enrollment in a Shawnee Mission school.

Board of Education policies JICH and JICG expressly prohibit the use, possession, transfer, or sale of any alcoholic or cereal malt beverage, restricted substances, or tobacco on school property or at school activities.

Students participating in Shawnee Mission High School extra-curricular activities are expressly prohibited from the use, possession, transfer, or sale of any alcoholic or cereal malt beverage, restricted substances, or tobacco. Violation of this restriction by any Shawnee Mission student will, in addition to consequences set forth by the board of education, result in the following consequences listed below. Students in violation of this contract are encouraged to seek appropriate counseling or treatment.

A. FIRST OFFENSE

IN SEASON VIOLATION:

A conference including a building administrator, the student, parents/guardians of the student, and the coach or sponsor will be conducted. If verification is found to be sufficient by school administration, the student will be suspended from participation in all extra-curricular competition/practices for the remainder of the current season.

OUT OF SEASON VIOLATION

A conference including a building administrator, the student, parents/guardian of the student, and the coach or sponsor, will be conducted. If verification is found to be sufficient by the school administration, the student will be placed on immediate administrative probation. Students placed on administrative probation are not considered "in good standing" as described by the KSHSAA Rule 14 and therefore are not permitted to participate in extra-curricular activities. A student may be removed from administrative probation by completing the following:

Completion of a community service program as designed by the student and parents/guardians and approved by the school administration. This program shall consist of a minimum of 20 hours of service. The designated program must be completed prior to the student participating in any extra-curricular competition.

B. SUBSEQUENT OFFENSES

(Offenses are accumulative throughout the duration of the contract)

A conference including a building administrator, the student, parents/guardians of the student, and the coach or sponsor will be conducted. If verification is found to be sufficient by school administration, the student will be prohibited from participating in extra-curricular activities for one calendar year after the completion of the due process hearing.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGEMENT

I have read and understand the Shawnee Mission School District's Tobacco/Alcohol/Drug Contract and the consequences associated with the contract.

Signature of Student & Date

Signature of Parent/Guardian & Date

Shawnee Mission Schools Photo Release



I authorize Shawnee Mission School District or anyone authorized by the district to use and reproduce any and all photographs or videotape taken of me for art, newsletters, advertising, trade, district web site, broadcast, or any other lawful purpose, without compensation to me. All negatives and positives, together with the prints shall constitute the district's property, solely and completely.

I hereby waive any right that I may have to inspect and/or approve the finished product that may be used, or the use to which it may be applied.

My photo may be used as listed above. YES NO

I am over 18 years of age. YES NO.

Student/Alum: _____
(Typed or Printed Name)

(Signature) (Date)

Address: _____

If the student is under 18, consent is required by a parent or guardian, as follows:

I am the parent and/or guardian of the minor named above and have the legal authority to execute the above consent and release.

(Parent/Guardian Signature) (Date)