



July 2019

Newsletter

(Things to know NOW)

Dear Band Families,

Welcome to all our new band families and welcome back to those returning! We have an excellent band program at Norwalk High School, with a number of performances and activities throughout the year. As part of our preparations for the fall marching season, we ask that you please take the time to review this packet, complete all **required forms** and have your student return them, as soon as possible, during one of the **summer rehearsals**.

Required Forms

- **Field Trip Form.** This form is MANDATORY. Your child will not be allowed to travel from Norwalk High to any competition unless we have this completed form.
- **Emergency Contact/Student Information Form.** Marching season is very busy and we work hard to keep everyone informed. The majority of our day-to-day communications are by email. It is very important that you include parent email addresses on this form so you can stay informed. We also absolutely need phone numbers for you or another responsible adult in case (heaven forbid!) something happens while your child is away at a competition and we need to reach you! Please fill this form out in its entirety.
- **Medication Form.** No medications of any type can be given to your child without a properly completed form, which means completed and signed by your child's doctor. This applies to prescription and over-the-counter medications your child might need when traveling with the band. One medication per form please!

To be Distributed Separately

- **Fun-a-thon Packet.** This year's Fun-a-thon will be held at My Three Sons. This evening event is a fun way for our band students to both raise funds and build team spirit. Please see the Fun-a-thon packet for details.
- **Ad Packet.** Ad sales are an opportunity for band families to defray out-of-pocket expenses associated with participating in marching band. These ads will appear in the program book for our home show in October. Please see the Ad packet for details.
- **Sponsorship Letter.** This form can be used to request sponsorships of friends and family to help defray the assessment costs. The amount of the fall assessment will be announced at the mandatory parent meeting August 20th.

Key Dates

- Full band summer rehearsals begin July 9th.
- Car Washes – July 13th and August 10th. Come get your car washed by our band members!
- Can & Bottle Drive – July 13th and August 10th, join us for this easy fundraiser!
- Mandatory Band Camp begins August 12th
- Mandatory meeting for new band families – Tuesday, August 13th
- Mandatory parent meeting (all families) – Tuesday, August 20th

Please see the calendar on our website (www.nhsband.com) for schedule details.

NORWALK HIGH SCHOOL MARCHING BAND
EMERGENCY CONTACT AND INFORMATION SHEET
Please return completed form ASAP at one of the first practices

STUDENT INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL:* _____

INSTRUMENT: _____

GRADE: _____ T-SHIRT SIZE (adult sizes): _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL:* _____

***PLEASE SEND ALL PARENT/GUARDIAN #1 EMAILS IN SPANISH** _____ **YES** _____ **NO**

OCCUPATION: _____

PARENT/GUARDIAN 2 NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL:* _____

***PLEASE SEND ALL PARENT/GUARDIAN #2 EMAILS IN SPANISH** _____ **YES** _____ **NO**

OCCUPATION: _____

EMERGENCY CONTACT If parent/guardian listed above can't be contacted

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

* It is VERY important to list at least one email address per family, as this is the main method of communicating rehearsal and performance schedules/updates. Thank you!

**FIELD TRIP PERMISSION FORM
NORWALK HIGH SCHOOL MUSIC DEPARTMENT**

Students Name: _____ Sex: _____ Grade: _____
Address: _____ Date of Birth: _____
Home Phone: _____ Student Cell #: _____

Parent/Legal Guardian Information

Parent 1 Name: _____ Parent 2 Name: _____
Parent 1 Cell #: _____ Parent 2 Cell#: _____
Parent 1 E-Mail: _____ Parent 2 Email: _____
Other Responsible Party: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child has permission to participate in the field trip to: **ALL Marching Band Trips 2019-2020.**
I give permission to the group leader in charge to seek urgent and/or emergency medical care for my child. The decision for treatment will be made by the medical provider in consultation with the parent /guardian, if possible. This permission will be used only after efforts to reach a parent /guardian has been made. Furthermore, I agree to waive all claims against the leaders /chaperones of this activity for seeking urgent and/or emergency medical care for my child. I also agree to pay all costs and assessments associated with my child being a member of the marching band (uniform parts, band jacket, trips, instrument repairs, etc...).

Parent / Guardian Signature: _____ Date: _____

Health Information (give dates where known)

Surgery within the last year? Yes / No
Motion Sickness? Yes / No
Under Medical treatment at the present time? Yes / No
If yes, give reason: _____

Allergies (food and/or medicines) – please list: _____

Chronic Health Diagnosis (asthma, diabetes, epilepsy etc.): _____

Special Health Concerns: _____

Emotional Concerns: _____

Menstrual Cycle Problems: _____ Date of last Tetanus Vaccine: _____

Name of Student's Medical Provider/Doctor: _____
Medical Provider/Doctor Phone: _____ Fax: _____
Student's Medical Insurance: Name of Company: _____
Policy # _____ Insured Adult / Policy Holder _____
Insurance Company Phone Number: _____

Medical Information (complete section below if necessary)

Student's Name: _____ Date of Birth: _____

List all medications your child takes (including herbal preparations & vitamins):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My child may need to take the medication listed on the attached forms during the field trips.

Prescribed medications must be in the original pharmacy container and include the student's name, prescription number, name of medication, dosage and directions for administration. I give permission for the school staff to administer the prescribed medication(s)** to my child

(Name of student)

SEE ATTACHED DOCTOR PERMISSION FOR THE ADMINISTRATION OF MEDICATION.

Parent / Guardian Signature: _____ Date: _____

** Over the counter medications that have been prescribed by your child's medical provider must be in an unopened container. An **AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL** form, signed by a doctor, must be provided for each medication to be administered.

School District: Norwalk, CT

School: Norwalk High School

Grade: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician dentist, advanced practice registered nurse or physician’s assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Prescriber’s Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which the drug is being administered: _____

Drug Name: _____ Dose: _____ Route: _____

Time of Administration: _____ If PRN, Frequency: _____

Relevant Side Effects None Specify: _____

ALLERGIES: NO YES (Specify): _____

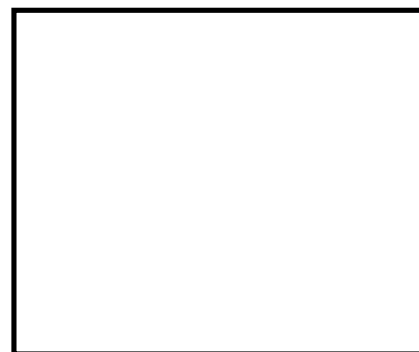
Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescribers Name / Title: _____
(Type or Print)

Telephone: _____ Fax: _____

Address: _____

Prescriber’s Signature: _____



Use for Prescriber’s Stamp

PARENT / GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 45 day supply of medication. **I understand that this medication will be destroyed if not picked up following termination of the order or the last day of school, whichever comes first.**

Parent / Guardian Signature: _____ Date: _____

Parent’s Home Phone #: _____ Work/Cell #: _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION / APPROVAL

Self-administration of medication may be authorized by the prescriber and parent / guardian and must be approved by the school nurse in accordance with Board policy.

Prescriber’s authorization for self-administration: Yes No _____
Signature Date

Parent/ guardian authorization for self-administration: Yes No _____
Signature Date

School Nurse authorization for self-administration: Yes No _____
Signature Date