

# Stephen F. Austin High School Band

3434 Pheasant Creek Drive ❖ Sugar Land, TX 77498 ❖ (281) 634-2064

*www.sfaband.org*

## FORT BEND I.S.D. MEDICAL INFORMATION CERTIFICATE

Student Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_  
*Last First Middle (Circle One)*

Parent Name: \_\_\_\_\_ Student D.O.B.: \_\_\_\_\_  
*Last First Middle (Month/Day/Year)*

Parent Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*# Street City State Zip Code*

Subdivision: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Name and Telephone:** \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Physician: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Does the student have previous history of:

	Yes	No		Yes	No
<i>Bleeding tendencies</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Now under a physician's care?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Head injury, seizure, concussion, unconsciousness or convulsion</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Allergies</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Neck Injury</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hernia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Bone and/or join injury or disease</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>High blood pressure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Heart disease</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Kidney disease and/or injury</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Diabetes</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Kidney, lung or eye removed or non-functioning</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Surgical operation</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hepatitis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Allergy to medication</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Skin disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Contact lenses/glasses</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Rheumatic fever</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Is student taking medication regularly?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Date of last tetanus shot: \_\_\_\_\_

Explain any "Yes" answers: \_\_\_\_\_

Please list **ALL** medications and any illnesses not listed above requiring medication being taken at the present time:

**I hereby consent for medical care to be given to \_\_\_\_\_ in case of an emergency.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 2017-2018 TRAVEL RELEASE FORM

Austin HS Band – Football Games, FBISD Band Night, UIL Events, Marching Contests, Concert Contests & Trips

I, \_\_\_\_\_ (*Student Name, Please Print*), do pledge to uphold all student policies and the high standards of the Fort Bend ISD. I understand that I am governed by the same rules on any sponsored trip or activity as if I am at school. I understand that possession of, having used or being under the influence of drugs and/or alcohol are prohibited and the school's authority to enforce the policy includes the right to inspect personal luggage, lodging accommodations, transportation vehicles, etc. I understand that any infraction will be dealt with according to Fort Bend ISD Code of Conduct guidelines and may result in my being sent home immediately at my parents'/guardians expense from a trip or activity.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

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### ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED FIELD TRIP

Student Name \_\_\_\_\_

List any physical limitations (*temporary or permanent*) \_\_\_\_\_

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List any allergies including reactions to medications, food, insects, and environment \_\_\_\_\_

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Name of child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Phone \_\_\_\_\_

Policy number \_\_\_\_\_

My signature below indicates that I give my child permission to participate in these activities, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend ISD has immunity from any liability. Transportation, if provided, will be by school bus or commercial carrier.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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## 2017 Marching Band Conflict Sheet

It is essential that students are at all rehearsals and performances. Please use the space below to list any potential conflicts that your student will have over the course of the upcoming marching band season. **The directors will review all conflicts and determine if the absence(s) will be excused.** In the case of an unexcused absence, a decision will be made about any participation level change. Attendance will be a major factor in determining if a student will be in a primary or alternate position in the marching band. Students who miss rehearsals or performances that are not listed on this form may be subject to removal from their position.

WW/Brass Rehearsals	Percussion Rehearsals	FULL BAND Rehearsals	Football Games	Marching Contests	Other Performances
See Charms Calendar	See Charms Calendar	See Charms Calendar	8/31, 9/9, 9/15, 10/6, 10/13, 10/21, 10/27, 11/2, 11/9	9/30, 10/14, 10/24, 10/28	FBISD Band Night 10/10, Homecoming Pep Rally 10/11, End of Season Concert 11/15

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Phone \_\_\_\_\_

\_\_\_\_\_ I have NO conflicts with the dates listed above and will be at all rehearsals & performances.

\_\_\_\_\_ I have conflicts with rehearsals or performances and have listed them below. I understand that by submitting stated conflicts, they are not necessarily excused. I understand that multiple absences may prevent me from being in a Varsity marching position.

\_\_\_\_\_  
 (date of event)      (type of event)      (reason for missing the event)

\_\_\_\_\_  
 (date of event)      (type of event)      (reason for missing the event)

\_\_\_\_\_  
 (date of event)      (type of event)      (reason for missing the event)

\_\_\_\_\_  
 (date of event)      (type of event)      (reason for missing the event)

\_\_\_\_\_  
 (date of event)      (type of event)      (reason for missing the event)

\_\_\_\_\_  
 (date of event)      (type of event)      (reason for missing the event)

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Print Student Name: \_\_\_\_\_

## 2017-2018 PHOTO/VIDEO/MEDIA RELEASE

From time to time, articles of general interest are published in assorted forms of media, such as local newspapers or newsletters, stories broadcast on local television stations, e-mails, videotapes, brochures, and pictorial displays that are produced about the Austin High School Band and Angels Dance Team. Photographs or video images of students, teachers, administrators, and other staff are often featured in such communications.

The Austin High School Band Booster Club is a not-for-profit organization and as such is unable to pay individuals for use of their photographs or video images. Your approval and signature below will allow us to use any and all photographs and videotapes of your child.

Please select one of the following:

\_\_\_\_\_ I **DO ALLOW** any and all photographs and video of my child from SFA Band activities to be used in the communications listed above.

\_\_\_\_\_ I **DO NOT ALLOW** any and all photographs and video of my child from SFA Band activities to be used in the communications listed above.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## 2017-2018 PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT FORM

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: [www.uiltexas.org](http://www.uiltexas.org)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Student Name \_\_\_\_\_