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**Students Name**

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# **Handbook Forms**

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# Jenks Vocal Music

## Parent & Student Handbook Acknowledgment Form

Students and Parents/Guardians:

Please detach this page and turn it in, signed by parent and student, to the directors acknowledging that you have **read**, **agree to**, and **understand** the policies and procedures included in Jenks Vocal Music handbook.

Date

Student Name (Printed):

Student Email:

Parent Name (Printed):

Parent Phone Number:

Parent Phone Number:

Parent Email:

Parent Email:

Student Signature

Date

Parent Signature

Date

**Jenks School District Student Extracurricular Activities Participant  
Alcohol and Illegal or Performance Enhancing Drugs Contract  
2020-2021 School Year**

**Statement of Purpose and Intent:**

Participation in school sponsored extracurricular activities at the Jenks School District is a privilege and not a right. Such privilege is governed by the Jenks School District Policy on Alcohol and Drug Testing of Students Participating in Extracurricular Activities and/or Parking on School District Property (the "Policy"). This policy is found in the Jenks Policies and Procedures Handbook and the Student/Parent Handbook. Alcohol and illegal or performance enhancing drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Jenks School District. Students who participate in activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student extracurricular activities participants carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal or performance enhancing drugs.

**Participation in Extracurricular Activities:**

For the safety, health and well-being of the students of the Jenks School District, the Jenks School District has adopted the Policy and this Student Extracurricular Activities Participant Alcohol and Illegal or Performance Enhancing Drugs Contract (the "Extracurricular Activities Contract") which shall be read, signed and dated by the student, parent or custodial guardian and sponsor or coach before such student shall be eligible to practice or participate in any extracurricular activity. **No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Extracurricular Activities Contract.**

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Student's Last Name	First Name	Middle Initial	Grade	Student ID #
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I understand after having read the Policy and this Extracurricular Activities Contract that, out of care for my safety and health, the Jenks School District enforces the rules applying to the consumption or possession of alcohol and illegal or performance enhancing drugs. As a student extracurricular activities participant, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate the Policy regarding the use or possession of alcohol and illegal or performance enhancing drugs any time during the school year, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the Policy.

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Signature of Student	Date
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We have read and understand the Policy and this Extracurricular Activities Contract. We desire that the student named above participate in the extracurricular activities of the Jenks School District and we hereby agree to abide by all provisions of the Jenks School District's Policy. We accept and consent to the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing and results as provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

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Signature of Parent or Custodial Guardian	Date
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[If the student athlete is 18 years or older, he/she must also sign at this line in addition to the line above.]

BELOW PLEASE OBTAIN THE SIGNATURE OF ANY SPONSOR OR COACH OF AN EXTRACURRICULAR ACTIVITY IN WHICH YOU ARE INVOLVED:

Michael Shimy  
Signature of Sponsor/Coach

Jenks Vocal Music  
Team/ExtracurricularActivity

# Jenks Public Schools

## Vocal Music Department 2020-21 Medical Consent Form

We, the undersigned parent(s) or legal guardian(s) of the minor child listed below:

Student Last Name	Student First Name	Student ID	Date of birth
<p>I/We do hereby authorize any hospital service, x-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist, and hospital service that may be rendered to said minor or minors under the general, specific or special consent of Jenks Vocal Music Department, the temporary custodians of the minor.</p> <p>I/We authorize the physician or dentist to call in any necessary consultants in his/their discretion. I/We also authorize a Jenks Choir director or parent sponsor to administer my child's prescription medication and over-the-counter medication to my child (such as but not limited to Tylenol, Neosporin, or Benadryl) as necessary while in their custody without liability.</p> <p>It is understood that the consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor or minors and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. This consent shall remain effective until 3 p.m. on the 1st day of June, 2020 unless sooner revoked in writing and delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child.</p>			
Known Medical Conditions/Allergies to Medications:			
Known Allergies to Foods:			
Current Over-the-Counter Medications:			
Current Medications	Dosage	Frequency	Ongoing: Y/N
<b>Health Insurance #1:</b>		<b>Health Insurance #2:</b>	
Company Name		Company Name	
Insured's Name		Insured's Name	
Telephone Authorization #		Telephone Authorization #	
Policy #		Policy #	
Group #		Group #	
Student's Physician Phone #		Student's Dentist Phone #	
Emergency Contact Name	Primary Phone	Secondary Phone	Medical Insurance
Parent/Guardian #1 Name	Cell Phone	Home Phone	
Parent/Guardian #2 Name	Cell Phone	Home Phone	
Signature _____		Signed this _____ day of , 2020	
Signature _____		Signed this _____ day of , 2020	

**JENKS HIGH SCHOOL**

205 East B Street  
Jenks, OK 74037  
918.299.4411 ext. 3700  
918.299.4411 ext. 3701



**Michael Shimp**

**Lisa Malicoate**

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[www.jenksvocal.com](http://www.jenksvocal.com)

## Jenks Vocal Music Travel Permission Form

I, (Parent/guardian name) \_\_\_\_\_,  
give permission for my student, (print student's name) \_\_\_\_\_  
to leave campus for specified Jenks Vocal Music field trips during the 2020-2021 school year. I  
understand that any such trip will be supervised by a teacher or other qualified school  
representative. All students must return to the school on the bus or school designated vehicle.  
I hereby consent to any medical treatment or care for any symptom or condition, for whatever  
cause, which in the opinion of the director(s), chaperone or attending medical personnel.

***Please refer to signed medical release form.***

Students must have all forms turned in, including:

- Activity form
- Handbook Acknowledgement form
- Medical form
- Travel form

I understand that all school and vocal music rules and policies are in effect during an  
off-campus trip and that my student is expected to abide by them.

Additional information: ***Meals on trips are the responsibility of each student unless otherwise specified.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian phone number \_\_\_\_\_

Alternate phone number \_\_\_\_\_

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