

Jenks Vocal Music

Parent & Student Handbook Acknowledgment Form

Students and Parents/Guardians:

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

Date: _____

Student Name Printed: _____

Student Signature: _____

Parent Name Printed: _____

Parent Email 1: _____

Parent Email 2: _____

Parent Signature: _____

Jenks Public Schools

Vocal Music Department 2018-19 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

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.

I/We authorize the physician or dentist to call in any necessary consultants in his/her 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.

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/her 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, 2019 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.

Known Medical Conditions/Allergies to Medications:

Known Allergies to Foods:

Current Over -the-Counter Medications:

Current Medications	Dosage	Frequency	Ongoing: Y/N

Health Insurance #1:

Health Insurance #2:

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 #	_____

_____	_____	_____
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Emergency Contact Name

Primary Phone

Secondary Phone

Medical Insurance

Parent/Guardian #1 Name

Cell Phone

Home Phone

Signature

Parent/Guardian #2 Name

Cell Phone

Home Phone

Signature

Signed this _____ day of _____, 2018

Jenks Public Schools Field Trip Permission Slip

Please fill out blanks with asterisk ()*

School: Jenks High School

*Student Name: _____

Date of Trip: Please refer to Jenks Vocal Music Calendar

Destination: Please refer to Jenks Vocal Music Calendar

Departure time: TBD

Return time: TBD

Teacher Name(s): Julie Hester, Michael Shimp, Lisa Malicoate

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

My child has my permission to leave the campus for the above mentioned field trip. 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.

During the above mentioned date, we can be reached at the following phone number(s) :

*Mother's (Guardian) phone number: _____

*Father's (Guardian) phone number: _____

*Signed the _____(day) of _____(year)

Signature

*Parent or Legal Guardian _____

Jenks School District
Student Extracurricular Activities Participant
Alcohol and Illegal or Performance Enhancing Drugs Contract
2018 to 2019 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 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 at any time during the school year, including non-school days.

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.

Student's Last Name	First Name	Middle Initial	Grade	Student ID Number
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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 at any time during the school year, including non-school days, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the Policy.

Signature of Student

Date

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.

Signature of Parent or Custodial Guardian

Date

[If the student 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.

Signature of Sponsor/Coach

Team/Extracurricular Activity