

STUDENT HEALTH HISTORY

LITTLE CYPRESS MAURICEVILLE HIGH SCHOOL BAND

Student's Full Name _____ Grade _____ Instrument _____

Student's Cell# _____ Date of Birth _____ Age _____ Male or Female (*circle one*)

Address _____ City/St _____ Zip _____

Mother's Name _____ Cell#: _____ Home #: _____

Father's Name _____ Cell#: _____ Home #: _____

Business Phone: Mother _____ Father _____

Other Responsible Person (Name): _____ Phone _____

Parent Email Address: _____

Permission to Release email address to the LCM Band Boosters (*circle one*): Yes No

Health History (please give dates if known)

Operation (within last year) _____

Serious Medical Problems: _____

Diabetes: YES or NO (*circle one*) Seizures/Convulsions: YES or NO (*circle one*)

Faints Easily: YES or NO (*circle one*) If yes, explain: _____

Respiratory: Has your child ever had Pneumonia?: YES or NO Asthma?: YES or NO (*circle one*)

Does your child require an inhaler? YES or NO (*circle one*)

Is student currently under medical care? YES or NO (*circle one*) Reason: _____

Circle if Applicable: Hyperventilation Panic Attacks ADHD Depression Other _____

Heart Conditions: (i.e. Rheumatic Fever, etc.) _____

Allergies Requiring Medical Treatment (i.e. latex, peanuts, etc.) _____

Drug Allergies: (i.e. penicillin, insulin, etc) _____

Tetanus – last injection _____

Additional Health Problems: _____

Special Diet: Lactose Intolerant Vegetarian Food Allergies Diet Restrictions

Please circle if applies and provide explanation below

Present regular medications: _____

Family Physician: _____ Phone _____

Health Insurance Co. & Policy Number _____

My signature constitutes my permission for the above named student to be treated for a medical and/or surgical emergency by a private physician or at a hospital.

Signature of Parent or Guardian

Date

PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION AND PRESCRIPTION MEDICATIONS LITTLE CYPRESS MAURICEVILLE HIGH SCHOOL BAND

The following non-prescription medications will be available during our trips. Generic brands are often used. Please check each medication you approve to be dispensed to your child as needed.

- _____ Tylenol (headache, menstrual pain, temp. elevations)
- _____ Ibuprofen (headache, menstrual pain, temp. elevations)
- _____ Sudafed (congestion, colds, nasal allergy)
- _____ Cepacol (throat lozenges)
- _____ Pepcid (Indigestion) – Antacid
- _____ Imodium (diarrhea, abdominal cramps)
- _____ Dramamine (motion sickness)
- _____ Milk of Magnesia (constipation)
- _____ Midol (menstrual pain)
- _____ Benadryl (allergy)
- _____ Pepto Bismol (stomach upset)

Prescribed medications must have students name affixed on the label.

_____, has my permission to take the above indicated medications
Name of Student

as deemed necessary by school personnel.

Signature of Parent or Guardian

Date

Acknowledgement of Electronic Distribution of the Little Cypress Mauriceville High School Band Handbook

My student and I have been offered the option to receive a paper copy or to electronically access (band website) the LCM High School Band Handbook for 2020 and 2021

I have chosen to:

Receive a paper copy of the LCM High School Band Handbook for 2020 and 2021

Accept responsibility for accessing the LCM High School Band Handbook for 2020 and 2021 by visiting the web address listed above.

I understand that the handbook contains information that my student and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the policies outlined in the LCM High School Band Handbook. If I have any questions regarding this handbook, I should direct those questions to the Director of Bands.

Printed Name of Student: _____ Grade: _____

Signature of Student: _____

Signature of Parent or Guardian: _____

Date: _____

For Office Use Only

Hard copies requested by: _____

Picked up by _____ Printed Name _____

**LITTLE CYPRESS-MAURICEVILLE CISD
ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP**

I, _____ (parent), agree to allow my child,
_____ (child's name), to travel with a group or individual associated with the District on the trip(s) indicated below. I understand that while student safety is a high priority for the District, under state law; the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or the other claims, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all Claims made by third parties against it or them which result from my child's action on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understand this release and sign it voluntarily and with full knowledge of its significance. This release applies to the trip(s) to be taken by:

- The Little Cypress Mauriceville High School Band (group)
- To all band related activities – see 2020 – 2021 Band Handbook. This includes overnight away trips for marching competitions.
- For the 2020 - 2021 school year
- We plan to travel by School and/or Charter Bus and should return to school at a reasonable time following the event allowing for travel time.

Signature of Parent or Guardian

Date

Daytime Telephone

Family Doctor _____ Phone _____

Health Insurance Co _____ Phone _____

LCM CISD ATHLETIC & ACTIVITIES INSURANCE

Dear Parents and Guardians,

LC-M CISD is providing your son/daughter with accident insurance while he/she is participating in a school sponsored UIL activity. The accident insurance is a **Secondary Coverage Policy**. This means you must file on your insurance **first** then submit the remaining balance along with the ***explanation of benefits*** from your insurance company to the school insurance company. They will pay up to the limits of the policy. **ANY REMAINING BALANCE IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN.**

If you do not have insurance, then our school athletic and activities insurance becomes the primary policy and will pay to the maximum policy benefits for injuries sustained during a school sponsored UIL activity. **ANY REMAINING BALANCE IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN.**

THE SCHOOL ATHLETIC/ACTIVITIES POLICY WILL NOT PAY 100% OF MEDICAL BILLS.

INDIVIDUAL ACCIDENT-ONLY INSURANCE FOR STUDENTS

Texas Kids First offers Accident-Only Insurance to students. These plans provide benefits for loss due to a covered injury up to \$25,000. The plans are designed to help offset deductibles and co-insurance. They are affordable limited-benefit plans that are renewable annually. There are several options to choose from.

To View or purchase plans you can visit online @ www.texaskidsfirst.com or call 1-800-366-8354.

I _____ understand that LCM CISD provides *secondary* accident insurance coverage and that I must file on my insurance first.

Parent Signature

**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.uil.utexas.edu

“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 _____

This form is to be kept on file by the local school district.

Required for Band Chaperones
LITTLE CYPRESS-MAURICEVILLE CISD
2020 – 2021 Volunteer Background Check Permission Form

Please complete this form if you plan to volunteer in any capacity during the year; including field trip chaperone, class parties, weekly classroom volunteer, or any other volunteer position.

CONFIDENTIAL

In an effort to provide the safest possible environment for our students, the Little Cypress-Mauriceville Consolidated Independent School District obtains criminal history information on each prospective volunteer annually. The information requested below is necessary for this safeguard and will be held strictly confidential.

Please PRINT

1. Full Name: _____
Last First Middle

2. If you have completed this form for another of your children for the 2020-2021 school year, please skip lines 3 - 7 and sign your name on the signature line below.

4. Date of Birth: _____ Sex: **Male** **Female**

5. Ethnicity: Black White Hispanic Asian Other

6. Campus(es) where you will serve: _____

7. I am a: Parent Grandparent Business/IndustryVolunteer Community Member Other

Please check all that apply:

I understand the information I am providing about age, sex and ethnicity will be used solely for the purpose of obtaining criminal history record information.

Volunteer Signature

 Child(ren)'s Name(s) and Campus(es)

If you have questions or need additional information, please contact your child's campus.

MVE	LCE	LCI	LCJH	MMS	LCMHS
409-745-3970	409-883-2838	409-886-4245	409-883-2317	409-745-1615	409-886-5821

Little Cypress Mauriceville High School Band

Band Fee and Expense Information

For the 2020 – 2021 School Year

All Members (Includes Color Guard):

	Amount	Due Date
• Band Fee includes: Uniform cleaning fee, Show Shirt, Polo Shirt, Bottled Water, Meals at Away Games & Competitions	\$ 150.00	09/01/20
• Solo and Ensemble Music (2 copies)	varies	
• Reeds, Sticks, Oil, Grease sold separately on as needed basis		
• Bands of America Trip	TBA	

Color Guard Members:

• Releve Platinum Guard Shoes (color to be determined)	\$ 32.00	
• Color Guard Warm-Up Jacket	\$ 32.80	
• Show Make-up	\$ 15.00	
• Directors Choice Ever-Dri Gloves – Nude	\$ 15.00	
• Color Guard t-shirt	\$ 12.00	
• Jazz Pants (Black, Straight leg, Spandex)	may purchase your own	
• Uniform Hanging bag (may purchase your own)	\$ 7.00	

New Members:

• Band Only -Black Marching Shoes	\$40.00	Upon Delivery
• Uniform Hanging bag (may purchase your own)	\$7.00	Upon Delivery
• Color Guard and Band Tote bag (optional)	\$40.00	Upon Delivery

Mail payments to:

LCM Band
Attn: Marian Perkins
7327 Highway 87 North
Orange, TX 77632

All payments made by check, money order or cashier's check must have your student's name noted on the payment.

Additional Information

Uniforms are provided to students – fines may be imposed if students do not properly care for their uniform
Not all students will need band shoes – only new members and students who have outgrown their old pair.
Students should put identification on all personal items including shoes, clothes, instrument, etc.....

****Any member facing financial difficulty and is unable to meet the fee requirements should contact the Band Director or Band Secretary*