

Broad Creek Middle School Band

STUDENT NAME _____

Handbook Consent Form

Parent/Student: I have read and understand the Broad Creek Middle School Band Handbook. I will do my best to help my child abide by the guidelines therein. I realize that concerts are a team effort and I have marked my calendar accordingly with the understanding that concerts are graded activities. I will support the vision of the band program at BCMS by encouraging my child to become and remain a dedicated band member committed to musical excellence. This approach will ensure that the band experience at BCMS will fully prepare each member as they look forward to the many exceptional musical opportunities at Croatan High School.

Parent Signature _____ Date _____



Order Form

2022-2023 Band Shirt – A BCMS Band Short Sleeved Shirt is required for each student. We will use these shirts for special performances, pictures, and events throughout the school year. Consider selecting a size that will last your student through June. ✍ (Please note: **Adult Sizes only available.**)

How Many?	What Size? (circle)
_____ Hoodie (\$22.50)	Size: XS S M L XL XXL (+\$2)
_____ Short Sleeved Shirt (\$10.50)	Size: XS S M L XL XXL (+\$2)

TOTAL Amount Enclosed: \$ _____

Please Make Checks payable to BCMS

Broad Creek Middle School Band

Health and Medical Release Form

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian _____

All Parent Phone Numbers (best number first) _____

Family Physician: _____ Phone Number: _____

Date of Last Tetanus Booster: _____

Allergies: Food _____ Drug _____

Medication(s) Taken Routinely and Dosage(s): _____

Special Health Needs: _____

Name of Insurance Company: _____ Policy #: _____

Parent/Legal Guardian Medical Emergency Authorization

In the event of a medical emergency while my child is participating in a school trip, I authorize Carteret County Public School System officials to release the above information to the healthcare provider. I understand school officials will use the contact information provided above to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, the trip supervisor(s) or school principal will make every effort to contact a parent first, unless a delay is judged potentially detrimental to the child's welfare. If contact is not made because of my immediate availability or in the interest of my child's wellbeing, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

I understand that if I give permission for my child to be driven to a field trip in a privately-owned vehicle, that only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Carteret County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

This permission is given for any trip or function with the Broad Creek Middle School Band for the 2022-2023 school year.

This documentation shall be confidentially maintained by the supervising school official.

Parent/Guardian Signature _____ Date _____

This document complies with Carteret County Board of Education policies 3320 School Trips and 6125 Administering Medicines to Students.