



2023-2024

Year of graduation: _____

Dartmouth High School Music Department

AUTHORIZATION FOR MEDICAL TREATMENT AND EMERGENCY INFORMATION

I give my permission for the evaluation/treatment of _____ by any duly licensed physician and/or hospital facility in the event of illness or injury. I also authorize transportation in an ambulance if necessary.

Student Name - PLEASE PRINT

Address _____ City _____ Zip Code _____

Date of birth _____ Telephone # _____ Age _____

Parent/Guardian Name _____ Telephone # _____

Emergency Contact: _____

Relationship _____ Telephone # _____

Family Physician _____ Telephone # _____

Please answer the following medical history questions:

Please check if your child has any of the following:

Concussions: YES _____ NO _____ (If **yes**, please fill out the attached form.)

Diabetes _____ Epilepsy _____ Heart Condition _____ Asthma _____ Other _____

- Diabetic students must have glucose tablets and a glucometer present at all practices and competitions.
- Asthmatic students must have their inhaler present at all practices and competitions.
- Students with life-threatening allergies must carry an EpiPen to all practices and competitions.
- All students must report any medical changes to the Music Department and the nurse.

Please list **ALL** medications, including inhalers and directions for use: _____

Please list **ALL** allergies, including medications, food, and insects: _____

Please list any other pertinent medical information: _____

Date of last Tetanus booster: _____

Please provide all insurance information below:

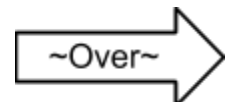
_____	_____	_____
Policy Name	Policy Number	Subscriber Name

Primary Care Physician (if applicable)

Authorization: This health history is correct insofar as I know, and the person herein described has my permission to engage in all the activities, except as noted by me in the space provided above. In the event that I, or the individuals listed above for emergency notification cannot be reached, I hereby give my permission to share any medical information regarding my student's injury, illness, past medical history to the physician selected by Mr. Flint (Band); Mr. Sousa (DMS Band); Mr. Kaeterle (Color Guard/Winter Guard); Mr. Aungst (Indoor Percussion); Mr. Rayner (Indoor Winds); and Mr. Bianco (Show Choir) and authorized personnel involved in my student's care to secure proper treatment.

PHYSICAL FORM

Students must turn in proof of a **physical examination** which should be completed by the family's physician. Copies of physicals can be faxed to 508-961-1620, dropped off or mailed to the nurse at DHS. Physical examinations are good for 13 months to the day. **Once the physical has exceeded 13 months, the student will not be allowed to participate until a new physical is produced.**



ATTENTION PARENT/GUARDIAN

My student has my permission to participate in the Marching Band/Color Guard/Indoor/Choir for 2023/2024 at Dartmouth High School. They have my permission to be transported to competitions by Dartmouth School Department official transportation. We acknowledge having read the handbook and we understand the requirements as listed in order to be a member of the group.

- I am aware of the school insurance plan for the school year and that it covers my child in all Dartmouth High School functions and that it is a non-duplicating insurance.
- **Please check one.** I **(plan to)** or **(do not plan to)** enroll in school insurance under the Gerard Lefebvre Insurance Agency.

HAZING FORMS

Dartmouth High School forbids hazing of any kind. This also pertains to Marching Band, Color Guard, Indoor, Choral and Orchestra. We abide by the Massachusetts General Laws, Chapter 269, Sections 17-19, an Act Prohibiting the Practice of Hazing, and that the Dartmouth High School Music Department understands and agrees to comply with the law. Dartmouth High School authorities will act accordingly in all hazing matters. I certify that we have received a copy of the M.G.L. located in this packet.

USER FEES

All members of co-curricular groups for Dartmouth High School will be assessed a **\$50.00 participation fee for Marching Band, Indoor Percussion, Fall & Winter Color Guard, Indoor Winds and Show Choir**; not to exceed \$125.00 per student for the school year, and not to exceed \$250.00 per family per school year. **All fees must be paid at the start of the season.**

Fees can be paid online on the Dartmouth Public Schools website <https://www.dartmouth.school/domain/1533>, click on the Fee tab. We also accept checks or money orders made payable to: **Town of Dartmouth/Music** which can be dropped off or mailed to Dartmouth High School, Music Department, 555 Bakerville Road, Dartmouth, MA 02748.

If a student does not make an activity or leaves the activity voluntarily prior to the first scheduled performance, the fee will be refunded. Any student who must leave the activity after the first performance, his/her situation will be reviewed on a case by case basis. Any student who voluntarily leaves the activity after the first scheduled performance or is removed from the activity for disciplinary or eligibility reasons will not be granted a refund.

Fees collected in this manner are designed to help offset program expenses. Students who qualify for free or reduced lunches are entitled to a scholarship and the fee will be waived. Any family that may be facing financial difficulties may have the fee waived by contacting the music office and speaking with the Music Director. NO student will be deprived of participating in music at Dartmouth High School due to a financial hardship.

A parent/guardian signature is required. By signing this form you agree that all health information is correct and you authorize for emergency treatment. You also give your authorization for transportation by Dartmouth School Department official transportation and that you have received a copy of the hazing form.

Student Signature

Instrument/Guard/Choir

Grade

Parent/Guardian Signature

Telephone #

Date

Address

Email Address (Please print clearly)

Music Teacher

