**Bartlesville Choir Contract**

I have received the Bartlesville Choir Handbook for the 2016-2017 school year. It is my responsibility to have read the Choir Handbook and to be knowledgeable with its contents. By receiving the Choir Handbook, I am responsible for all rules and regulations pertaining to me as a student of the Bartlesville Choir Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Printed Name Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

I have seen the Bartlesville Choir Handbook and Important Dates Sheet. I agree that my child will abide by the rules set forth by the Handbook and commit to the dates listed for choir.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

I can be reached by: Cell#

Home #

Work #

E-mail

The BPS Board of Education has approved a policy regarding the use of student’s names, pictures, video, and sound recording on social media sites. The choirs at the secondary level use these sites as a form of communication to parents and students. This group is by invitation only. It is monitored by the BHS/MH Choir Faculty. Student’s names, pictures, videos, and sound recordings can be uploaded and shared easily, but only by its members. In order to protect the privacy of your child, a parent/guardian signature is required.

I give Bartlesville Public Schools permission to publish pictures, video, and sound recording including my child on the Bartlesville High School Choir Facebook page.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

|  |  |  |
| --- | --- | --- |
| BHS Crest |  | BARTLESVILLE HIGH SCHOOL 1700 Hillcrest Drive  Bartlesville, OK 74003.7299  Phone 918.336.3311 Fax 918.337.6226  www.bps-ok.org  The mission of Bartlesville High School is to educate every student  to his or her full potential in a safe and nurturing environment. |

FIELD TRIP PERMISSION & AUTHORIZATION

FOR EMERGENCY CARE TO MINOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to go with (his/her) BHS Choir class on field trips throughout the 2016-2017 school year. Parents will be notified in advance of changes and/or additional field trips. Staff members will accompany the student.

In the event of a medical emergency (in the judgment of school personnel) to the minor student during the trip, I/we hereby authorize ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis, or treatment by any ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is rendered at the office of the physician, dentist, or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise the best medical judgment in diagnosis, medical, dental, or surgical treatment. I/We understand that I/we will assume full financial responsibility for care rendered.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  | (Parent/Legal guardian or person responsible for student’s care) |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | | | Date: |  |
|  | (Parent/Legal guardian or person responsible for student’s care) | | |  |  |
| BHS Crest |  | BARTLESVILLE HIGH SCHOOL 1700 Hillcrest Drive  Bartlesville, OK 74003.7299  Phone 918.336.3311 Fax 918.337.6226  www.bps-ok.org  The mission of Bartlesville High School is to educate every student  to his or her full potential in a safe and nurturing environment. | | | |

FIELD TRIPS/ACTIVITIES: MEDICAL DATA

Student’s Name:

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:

Name of Parent/Guardian

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Home/Cell Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone:

If my child is injured and school officials are unable to contact me, please notify the following responsible adult:

Address:

Home/Cell Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone:

Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note additional special information, on the reverse side of this form which may be vital to the treatment of your child.

Family Physician:

Physician’s Telephone:

My child is authorized to take the following self-administered medications for the purposes stated:

1. 3.

2. 4.

My child is allergic to:

My child has been treated by a physician during the past 36 months for the following (please check:)

\_\_\_\_\_ Asthma \_\_\_\_\_ Heart Problems

\_\_\_\_\_ Depression \_\_\_\_\_ Hypertension

\_\_\_\_\_ Diabetes \_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Epilepsy \_\_\_\_\_ Severe Headache

\_\_\_\_\_ Other:

Date of last tetanus injection:

My child is currently under medical treatment for:

Special Health problems or comments: