

# 2017 TJMC - Packet 1



Welcome to TJMC! You are about to become a member of the one the finest musical ensembles in Virginia, and one of the most successful and worthwhile student groups at TJ. Instructions for filling out and turning in this packet are on the back of this page. The packet is due by **June 30th.**

Billing information will show up in Charms after we receive your Form Packet.

*Pay close attention to each form and please read carefully.*

# INSTRUCTIONS FOR FORMS AND PAYMENTS – Fall 2017

Please read these instructions carefully.

All Forms will also be made available on the Charms web site.

## **Round 1 Forms – Due by June 30<sup>th</sup>**

### **All Finances will be billed via Charms – please see the Fee Notice Sheet for payment due dates and instructions**

Drop off at rehearsal (preferred) or mail directly to:

Mr. Adam Foreman – TJHSST - 6560 Braddock Road, Alexandria VA 22312

**Form 1: Emergency Care Information Form** (FCPS Form SS/SE-3, also available online at <http://www.fcps.edu/it/forms/se3.pdf>): Make sure to complete both pages. Will be kept on file all season. Recommend completing the fillable pdf and saving a copy for other school activities, too.

**Form 2: Acknowledgement of Commitment Form** - Will be kept on file all season. Please review carefully.

**Form 3: Extra T-Shirt Order Form** - Please include extra shirts when calculating payment on Form 5. The first shirt is free but having a 2<sup>nd</sup> shirt is a great idea. Shirts can be ordered for parents, siblings, and others.

**Form 4: TJMC Volunteer Opportunities Form** – Critical to the success of TJMC!

**Form 5: Medication Authorization Form** (FCPS Form SS/SE-63, also available online at <http://www.fcps.edu/it/forms/se63.pdf>): Will be kept on file all season. Recommend completing the fillable pdf and saving a copy for other school activities, too.

**Form 6: Medication Information Form** – Please complete both sections.

**Form 7: Epinephrine Authorization Form** – (FCPS Form SS/SE-64, available online at <http://www.fcps.edu/it/forms/se64.pdf>): Complete only if relevant.

**Form 8: Inhaler Authorization Form** – (FCPS Form SS/SE-65, available online at <http://www.fcps.edu/it/forms/se65.pdf>): Complete only if relevant.

Please complete and return Forms 1-6 even if you think any are not applicable. Thanks!

Form 1



**EMERGENCY CARE INFORMATION**

In case of an emergency, the school staff will contact 911.  
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender:	Grade:
			<input type="checkbox"/> M <input type="checkbox"/> F		
School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.					

PARENT/GUARDIAN CONTACT INFORMATION					
This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.					
Enrolling Parent Last: First: Middle:			Telephone		
Number: Street:		Apt. #:		Home:	
City: State: Zip:			Work:		
Relationship:			Language:		E-mail:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self			<input type="checkbox"/> Resides with		
Other Parent Last: First: Middle:			Telephone		
Number: Street:		Apt. #:		Home:	
City: State: Zip:			Work:		
Relationship:			Language:		E-mail:
			<input type="checkbox"/> Resides with		
Other Parent Last: First: Middle:			Telephone		
Number: Street:		Apt. #:		Home:	
City: State: Zip:			Work:		
Relationship:			Language:		E-mail:
			<input type="checkbox"/> Resides with		
Other Parent Last: First: Middle:			Telephone		
Number: Street:		Apt. #:		Home:	
City: State: Zip:			Work:		
Relationship:			Language:		E-mail:
			<input type="checkbox"/> Resides with		

OTHER CONTACT INFORMATION			
Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.			
Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Please remember to sign page 2.



**EMERGENCY CARE INFORMATION**

In case of an emergency, the school staff will contact 911.  
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):	
Siblings attending the same school (complete if applicable). Name(s):			Is Internet access available in your home for your child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. See below for medical alert information currently on file.	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____
<input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____	<input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____
List all medications and dosages your child receives on a continual basis: _____ _____ _____	

MEDICAL ALERT INFORMATION ON FILE
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">                     This space reserved for system printing of Health Information                 </div>

PHYSICIAN INFORMATION	
My child's medical care is provided by: _____	(telephone) _____
(name of doctor, clinic, or HMO)	
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: _____	(telephone) _____
(health insurance company, assistance program, HMO, etc.)	

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACKNOWLEDGEMENT OF COMMITMENT****Policy Statement/Participation Agreement**

I understand that I am expected to honor my commitment to this ensemble by being present for all required rehearsals and performances. This includes Pre-Orkney rehearsals (August 7-11), Orkney Springs rehearsals (August 12-17), and Post-Orkney rehearsals (August 18-19, August 21-24) as well as after-school fall rehearsals through the first week of November, 2017. I will also participate in all home football game performances and scheduled competitions.

I acknowledge that there are fees associated with participation in this ensemble. There are also innumerable rewards that make the experience very worthwhile.

I understand that once I make the commitment to participate in the TJ Marching Colonials for the season, the show is written based on my participation. This means that the show would have to be rewritten at an increased cost to the program if I fail to complete my participation commitment.

I therefore agree to participate fully through the season. If I fail to participate after the June 30<sup>th</sup>, 2017 deadline, I understand that I will forfeit my fees. I understand that no reimbursement will be given due to the expenses incurred by the Thomas Jefferson Marching Colonials as explained earlier in this packet.

I further understand that no reimbursement can or will be made for extenuating or peripheral purchases that I have made toward my participation. All marchers should understand that both students and parents are party to this agreement, and signatures will indicate acceptance of the terms herein.

**Uniform Agreement**

I understand that the uniform is the property of the TJHSST Marching Band and that all marchers are required to have my parent/guardian sign this agreement and the uniform receipt that is completed when the uniform is issued.

I understand that I will be issued the uniform pieces listed below and that I am responsible for returning these same items, in undamaged condition. If any of the items are lost or damaged, we will pay the fee for replacement or repair. I agree to make no permanent alterations to any part of the uniform (do not cut fabric – hemming is ok). I will immediately report any stains or damage to my uniform coordinator, without penalty.

Uniform Part	Replacement Cost
Jacket	\$250
Pants	\$100
Gauntlets	\$50
Waist Drape	\$65
Shako (Hat)	\$75
Garment Bag	\$15
Plume	\$30
Jacket Mirror	\$20

**Form 2 Cont.**

**TJMC Rules**

While participating in rehearsals for TJMC at the school, away rehearsals at Jumonville, home and away games for the fall season, and all TJMC performances off school grounds, I will accept responsibility for maintaining good conduct, appearance, and hygiene, and I will follow instructions at all times. I understand that my conduct is governed by the "Rules of Conduct and Disciplinary Procedures" outlined in Fairfax County Public Schools Regulation 2601.1P, Student Responsibilities and Rights. A copy of this document is available from the Band Director, and is also on file with the TJHSST principal.

Specifically:

I will not possess or consume any alcoholic beverages, drugs or tobacco while involved with this activity.

I will not participate in any hazing, harassment or any form of initiation or other conduct that endangers the safety or well-being of students, chaperones, and/or staff.

I will abide by all FCPS guidelines when on trips.

I will follow the instructions and published schedules as presented, and understand my responsibility for punctual attendance at all rehearsals and group activities.

I will wear shoes and a shirt to all practices, in the dining hall and elsewhere as appropriate.

I will be in my assigned room and will respect quiet hours at the scheduled times on trips.

If I break these rules, I understand that not only will my parents be called to bring me home from any away venue, but appropriate disciplinary measures, including possible suspension or expulsion, will be imposed by TJHSST and FCPS administrators.

By signing this document, we acknowledge that we have read the above rules and policies and agree to fully comply.

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Form 3

#### SHOW T-SHIRT ORDER (for all TJMC and Parents!!!!)

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Print Student Name: \_\_\_\_\_

Each student will be provided with one 2017 marching season custom-designed short sleeve T-shirt. Additional T-shirts may be ordered for \$10.00 each. These can be ordered to have an extra clean T-shirt ready, and can also be ordered for parents who wish to have one to wear to games and competitions.

Size of (FREE) student T-Shirt: (circle one)                    S            M            L            XL            XXL

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Additional T-shirts @ \$10.00 each (for marcher, parent, etc):

\_\_\_\_\_ S            \_\_\_\_\_ M            \_\_\_\_\_ L            \_\_\_\_\_ XL            \_\_\_\_\_ XXL            Total Additional Shirts \_\_\_\_\_  
   qty            qty            qty            qty            qty

Print name of individual to receive additional T-shirt at cost of \$10 each, and relationship to marcher:

- 1.
- 2.
- 3.

Total Payment required (total additional shirts x \$10): \$\_\_\_\_\_

Note: These T's will be worn under the uniform as a part of the regulation dress. Having 2 T's is a great convenience when we have a home game on Friday night and a competition the next day & the T-shirt is needed for both.

These t-shirts will be billed to your via Charms and you can pay online at that time.

## Form 4

### TJMC VOLUNTEER OPPORTUNITIES

TJMC cannot be successful without parental support in key roles including chaperoning during the week away at Orkney Springs; fitting and organizing uniforms; driving the equipment truck; and helping with fundraising activities.

At Orkney Springs, chaperone duties include helping with equipment, nursing, filling water bottles, assisting the volunteer nurse, chaperoning social functions, making bed checks and security watches. Parents have as much or as little interaction with their own students as they negotiate. The week is a rewarding and relaxing experience. Please consider volunteering even if only for a part of the week.

Other volunteer opportunities during the band season include pit crew (moving equipment on/off the field for performances at home games and competitions), pep band & competition chaperones, and assisting students with loading and unloading equipment trucks.

#### Summer Opportunities

I am willing to help as indicated below (check all that apply):

- Fitting, hemming, & organizing uniforms
- Carpentry, welding, or other prop construction
- Check-in for Orkney Springs trip on Sunday morning, August 23
- Orkney Springs Chaperone

Circle nights you can be at Orkney Springs and write in your arrival and departure times

Saturday, Aug 12	Sunday, Aug 13	Monday, Aug 14	Tuesday, Aug 15	Wednesday, Aug 16
Chaperone yes/no	Chaperone yes/no	Chaperone yes/no	Chaperone yes/no	Chaperone yes/no
Arrive time:	Arrive time:	Arrive time:	Arrive time:	Arrive time:
Depart time:	Depart time:	Depart time:	Depart time:	Depart time:

→ Will you ride on the bus with the students? Sat 8/12 (to) yes / no    Thurs 8/17 (from) yes / no

#### During the Marching Season

- I can assist with the pit crew: home games ( yes / no )    away competitions ( yes / no )
- I can assist with simple, minor equipment repairs: mechanical ( yes / no )    electrical ( yes / no )
- I can be a chaperone during the school year as needed, please call
- I can assist with fund raising activities
- I can assist with the newsletter and/or other office activities including the music library
- I can videotape events to share with the instructional staff & ensemble
- I can drive the equipment truck as needed, please call
- I can help with carpentry or welding as needed, please call
- I can help with the vetting process for instructional staff
- I will do anything (when I am available), call me!

Print Name (Parent): \_\_\_\_\_ FCPS Employee? Check here [  ]

Parent telephone: (day) \_\_\_\_\_ (night) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent e-mail: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade \_\_\_\_\_





## MEDICATION AUTHORIZATION Release and Indemnification Agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I PARENT OR GUARDIAN TO COMPLETE			
I hereby request Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FCPS, FCHD, SACC, and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use medication, provided FCPS, FCHD, and SACC staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.			
Has the student taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the first full dose must be given at home to ensure that the student does not have a negative reaction.) First dose was given: Date _____ Time _____			
Student Name (Last, First, Middle) _____			
Date of Birth	School Name	School Year	Grade
No School Board employee, public health nurse, or school health aide shall administer medication or treatment, as an exception under School Board policy, unless the principal or his or her designee has personally reviewed all the required clearances.			
Parent or Guardian Signature _____		Daytime Telephone _____	Date _____
PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION FOR RELIEF OF SYMPTOMS FOR HEADACHE, MUSCLE ACHE, ORTHODONTIC PAIN, OR MENSTRUAL CRAMPS AND FOR ANTIBIOTIC AND ANTIVIRAL MEDICATION. PHYSICIAN MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS.			
The Fairfax County Health Department and Fairfax County Public Schools discourage the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and overnight field trips and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.			
Diagnosis			
Medications			
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.			
Dosage to be given at school or SACC, (e.g. mg , ml, or cc)		Time(s) or interval between times to be given	
Effective date <input type="checkbox"/> Current School Year <input type="checkbox"/> From _____ To _____		If the student is taking more than one medication at school, list sequence in which medications are to be taken	
Physician Name (Print or Type) _____		Physician Signature _____	
Parent or Guardian Name (Print or Type) _____		Parent or Guardian Signature _____	
(Not required if physician signs)		Telephone or Fax _____	
		Date _____	
		Telephone _____	
		Date _____	
PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE			
Check <input checked="" type="checkbox"/> as appropriate <input type="checkbox"/> Parts I and II above are complete including signatures. (It is acceptable if all items in part II are written on the physician's stationery or a prescription pad.) <input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of school.)			
Principal or Designee Signature _____		Date _____	

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

## Form 6 MEDICATION INFORMATION

Printed Student Name: \_\_\_\_\_

Please list all prescription and over the counter medication that your child is authorized to carry and administer while on the field trip.

(Note: Physician or Health Care Professional Signature needed on SS/SE-63 Form (Form 7) for prescription medication.)

Name of Medication	Dosage	Prescription or OTC?	Comments

### Supplementary Authorization for OTC Medications

I have authorized administration of over-the-counter (OTC) medications on FCPS Medication Authorization form SS/SE-63. The Band Director, staff, nurse, or parent chaperones may provide the following medications to my student if required and requested. My student has never had an allergic reaction to the medications I have authorized.

The volunteer nurse will have the OTC products noted below available on a limited basis.

Check YES or NO on each line; for each entry, you must check either YES or NO. Please do not leave blanks.

- |           |          |   |
|-----------|----------|---|
| YES _____ | NO _____ | Advil or Motrin, Ibuprofen, 200-400 mg, every 4 hours for pain or fever   |
| YES _____ | NO _____ | Bacitracin ointment with dressing changes for wounds                      |
| YES _____ | NO _____ | Benadryl, diphenhydramine, 25-50 mg, every 4 hours for allergic reactions |
| YES _____ | NO _____ | Calamine lotion as needed for insect bites or rash                        |
| YES _____ | NO _____ | Cepacol throat lozenges, 1-2 every 4 hours for sore throat or cough       |
| YES _____ | NO _____ | Hydrocortisone cream, 2%, for insect bites or rash                        |
| YES _____ | NO _____ | Sudafed PE, phenylephrine HCl 10 mg, every 4 hours for nasal congestion   |
| YES _____ | NO _____ | Tums, antacid 500 mg, 2-4 tablets every 4 hours for upset stomach         |
| YES _____ | NO _____ | Tylenol, acetaminophen, 325-650 mg, every 4 hours for pain or fever       |

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature