



Wilcox High School
 Music Department
 3250 Monroe Street
 Santa Clara, CA 95051

Santa Clara Unified School District

Instrumental Music Director Rick South
Marching Programs Director Robert Nieves

2009 - 2010

MEDICAL RELEASE & EMERGENCY CONTACT INFORMATION

I, _____, the parent/guardian of _____, a minor, do consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until June 1, 2010 (Month, Day, Year) unless sooner revoked in writing and delivered to said agent(s).

Parent/Legal Guardian Signature

Date

Home Telephone

Work Telephone

EMERGENCY CONTACT

These people may be contacted in the event of an emergency and you are not able to reach me.

1. Name: _____ Telephone Number: _____
 Relation to Student: _____
2. Name: _____ Telephone Number: _____
 Relation to Student: _____

MEDICAL INFORMATION

Does your student have any condition that may be the cause of a medical emergency? (Diabetes, fainting spells, drug allergies, epilepsy, etc.)

Date of last tetanus: _____

Any known allergies? _____

Date of birth: _____

Social Security Number: _____ (some ER hospitals might ask)

Physician: _____ Telephone Number: _____

Insurance Carrier: _____ Telephone Number: _____

Does your student take medication? YES _____ NO _____

If YES, how often? _____ Name of Medication: _____

Santa Clara Unified School District

PERMIT TO TAKE MEDICATION IN SCHOOL

In compliance with California Education Code Section 49423, when an employee of the school district gives medication to a student, the employee must be acting in accordance with the written directions of a physician and with the written permission of the child's parent or legal guardian. These authorizations must be renewed whenever the prescription or dosage changes and at the beginning of each school year. **The prescription label on the container is not acceptable as a physician's statement. Over-the-counter medications will be given only if prescribed by a physician or dentist.**

We require all medications to be stored in the health office and be administered only when the physician's and parent's/guardian's signed permissions are on the file. Children are not allowed to have medication in their possession at school. The only exception to this policy is if the student's well-being is in jeopardy unless the medication is carried on his/her person. The appropriate release forms can be obtained from the school if this is the case.

Medication must be provided to the school in the container in which it was purchased with the prescription label attached, and must be prescribed to the student to whom it will be administered. School personnel cannot give medication brought to school in a poastic bag, plastic ware, or any other packaging.

While the school will make every effort to cooperate, the child must assume the responsibility for obtaining the medication in the office.

Student	School	Grade	Room
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I give my permission for my child named above to receive medication at school according to instruction from his/her physician.

Date: _____ Signature: _____ Relstionship: _____

To be completed by the physician: Whenever possible please establish a schedule for administration of medication outside of school hours.

Reason for medication: _____

Name of medication: _____

Form of medication/treatment: ___Tablet/capsule ___Liquid ___Inhaler ___Injection

Other: _____

Dosage: _____

Time to be given at school: _____

Instructions: _____

Duration of treatment: _____

Date: _____ Signature: _____

Physician's Name: _____ Phone Number: _____
(Please Print)



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(Student Name) _____ has my permission to attend all of the **Marching Band** events listed below for the 2009 Fall Marching Season. This contract will expire as of December 25th, 2009 and is only valid for the events listed on this page. All other events will require a new permission slip to be signed.

Events:

Sep. 26 th	San Jose State University Band Day Transportation – Carpool	Approx. 7am – 5pm (Time TBD)	San Jose, CA
Oct. 10 th	Cupertino High School Tournament of Bands Competition Transportation – Carpool	ALL DAY (7am-12 midnight)	Cupertino, CA
Oct. 17 th	Independence High School Competition Transportation – Carpool	ALL DAY (7am – 12 midnight)	San Jose, CA
Nov. 7 th	Folsom Fall Festival Transportation – BUS	ALL DAY (6am – 2am Sunday)	Folsom, CA
Nov. 21 st .	Fairfield Tournament of Champions Transportation – BUS	ALL DAY (5am – 2am Sunday)	Fairfield, CA
Dec 6 th	San Jose Holiday Parade Transportation – ON YOUR OWN	Morning (7am-12noon)	San Jose, CA

Persons in Charge: **Marching Programs Director - Robert Nieves**
Wilcox Instrumental Music Director – Rick South

I understand that all students going on these trips will conduct themselves properly, be responsible to the driver, to teachers, and adult sponsors. It is further understood that students will go and return from the event in the transportation provided. If traveling by automobile, drivers of all vehicles must carry a minimum of \$300,000.00 liability insurance.

As required by Education Code Section 35330, I hereby waive all claims, if any, I may ever have against the SANTA CLARA UNIFIED SCHOOL DISTRICT and the STATE OF CALIFORNIA for injury, accident, illness or death occurring during or by reason of my participation in a field trip to the above listed events.

Parent/Guardian Signature: _____ Date: _____

Students are responsible for making appropriate arrangements with teachers to make up missed work.

Cc: attendance office

Adrian C. Wilcox High School
 3250 Monroe St. Santa Clara, CA 95051
 (408) 423-2400 FAX (408) 423-2480

Tab Taber, Principal

Vice Principals

Julie Eastburn * Kathleen MacDonald * Terry Lien * Angie Scott



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What do you need to bring to Band Camp?

Clothing

- Shorts
- T-shirts/tank tops
- 1 pair long pants
- 1 long sleeve shirt
- 1 sweatshirt
- Socks and underwear + extra
- Swimsuit
- Shower sandals
- Sturdy shoes for marching and hiking
- Hawaiian shirt/apparel
- Athletic team shirt (your favorite pro team)

Personal Hygiene Kit

- Shampoo/conditioner
- Body wash/soap
- Deodorant
- Toothpaste & Toothbrush
- Hair ties / hair brush
- Shower & pool towel(s)
- Etc.

Personal Gear

- Big water bottle/jug
- Meal drinking cup
- Sleeping bag / Pillow
- Sleeping pads
- Ear plugs (for light sleepers)
- Flashlight

Other Items

- Your personal instrument kits
- **Medication with release form signed by doctor**
- Hat and sunglasses
- Watch
- Sunblock
- Chapstick with sunscreen
- Bug spray
- Books, crossword puzzles, playing cards, etc.

What NOT to bring to Band Camp:

- * Hair dryers/straighteners
- * Jewelry
- * Portable electronics
- * Any expensive, irreplaceable items
- * Pool items (floats, water guns, etc.)
- * Perfume/strongly scented lotions, sprays
- * Cell phones

LABEL ALL OF YOUR BELONGINGS TO AVOID MIX-UPS AND LOSS!!