



BRANHAM HIGH SCHOOL ROYAL ALLIANCE BAND & COLOR GUARD Band Camp & Season Permission Forms

To participate in rehearsals and performances with the Royal Alliance, students must complete the following required permission and medical forms.

- Marching Permission Form
- Student Family Contact Information
- Common Medications
- Prescription Medication
- Event Release Form
- Eggativity Permission Form
- Pledge Form
- Volunteer Form

This year, the boosters are providing all mandatory forms online as we transition to a paperless process. Please consider using the online forms available on the Royal Alliance website:

<http://bhsroyalliance.com/information/forms-and-documents>

2017-18 Permission & Emergency Medical Release Form

Branham HS Royal Alliance Marching Band & Color Guard

Student Name: _____ Graduation Year: _____

2017-18 Season Permission Form

The above named student has my permission to participate in the 2017-18 Branham High School Marching Band Season, which includes Band Camp and all on/off campus competitions and activities scheduled there within.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

2017-18 Season Emergency Medical Release Form

The above named student has my permission to receive emergency medical treatment throughout the 2017-18 Branham High School Marching Band Season, which includes Band Camp and all on/off campus competitions and activities scheduled there within.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please indicate any special instructions on the medical permission forms in case of a medical emergency (insurance company and number, Doctor's name and telephone number, etc.)

Family Doctor _____ Dr. Office Phone: _____

Insurance Company: _____

Policy Number: _____

Other: _____

Please list any food allergies or dietary restrictions here:

2017-18 Student Family Contact Information
Branham HS Royal Alliance Marching Band & Color Guard

Student Information

Student Name: _____

Student Email: _____

Student Cell Phone: _____

Instrument(s): _____

Parent/Guardian Information

Name: _____

Address: _____
(street, city, zip) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Employer/Occupation/Skills: _____

Parent/Guardian Information

Name: _____

Address: _____
(street, city, zip) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Employer/Occupation/Skills: _____

2017-18 Common Medication Permission Form

Branham HS Royal Alliance Marching Band & Color Guard

Student Name: _____

Occasionally, students ask for common non-prescription medicines for headache, upset or acid stomach, cold symptom relief, simple cuts, and motion sickness. Medication cannot be provided without parental/guardian permission. If you give permission, an adult chaperone will be allowed to provide common medications from the list below (as indicated), ensuring that proper directions for the medication are followed. For each of the common medications listed below, please indicate your permission for an adult chaperone to administer to your child.

Please check "yes" or "no" for each item listed below. Then sign the bottom of the form.

Pain-relievers (acetaminophen)

Yes No Tylenol or generic equivalent

Pain-reliever (NSAIDs)

Yes No Motrin/Advil or generic equivalent (ibuprofen)

Yes No Aspirin

Yes No Antacids for heartburn such as Tums or generic equivalent (calcium carbonate)

Yes No Anti-gas (stomach/intestines) such as Gas-X or generic equivalent (simethicone)

Yes No First-aid antiseptics for simple cuts, scrapes, or sunburns such as Polysporin or generic equivalent (Polymyxin B, bacitracin zinc, gramicidin, and lidocaine)

Antihistamines

Yes No Benadryl or generic equivalent (diphenhydramine)

Yes No Claritin or generic equivalent (loratadine)

Yes No Sore throat/cough relief lozenges such as Hall's or generic equivalent (menthol)

Yes No Motion sickness such as Bonine or generic equivalent (meclizine)

Yes No Anti-diarrhea such as Imodium A-D or generic equivalent (loperamide HCl)

Yes No Pre-menstrual symptom relief such as Midol or generic equivalent (acetaminophen, caffeine, pyrilamine maleate)

I, _____, hereby give permission for any adult chaperone to give my child, named above, any of the medications listed above where I have indicated "yes". I understand that the manufacturer's directions will be followed and that the school will have the listed medications on hand at no expense to myself or my child.

Parent/Guardian Signature: _____ Date: _____

2017-18 Prescription Medication Permission Form

Branham HS Royal Alliance Marching Band & Color Guard

Student Name: _____

If your child is currently on prescription medication(s) and will need to have these during the season, please fill out the information below. Any additional medicines that may be prescribed during the band season will need to be added to your child's medical file by filling out a *MIDSEASON PRESCRIPTIONS ADDENDUM*.

Special Medication Instructions Required: YES NO

Special Instructions (if applicable):

List Medications (if applicable):

Please be sure that all prescription medications are clearly marked with your child's first and last name on them. Any medications that will need to be administered by an adult chaperone will need to be accompanied with detailed instructions on a separate 3x5 card. Put the instruction card and the medication in a zip lock bag and check it in with your child on the day of departure. Please include your signature somewhere on the instruction card.

Parent/Guardian Signature: _____ Date: _____

2017 Band Camp and Fall Season Dates and Locations

Verification of Parental Release

Branham HS Royal Alliance Marching Band & Color Guard

Student Name: _____

Parents/Guardians: Please initial in the space provided to verify and give permission for the completed permission slips and medical release forms to become active and accessible for the director and/or chaperones to utilize for the care and safety of your child.

*Approval for
medical release*

2017 FALL MARCHING EVENTS AND DATES:

- **BAND CAMP:**
Branham HS: August 16th, August 18th, August 19th, August 20th, August 23rd,
August 25th, August 26th, August 27 _____
- **AFTER SCHOOL EVENING REHEARSALS:**
Branham HS: 5:30-8:45pm- Tuesdays _____
5:30-8:45pm- Wednesdays _____
- **SUPER SATURDAYS:**
Branham HS: Saturday, September 9th, 16th, 23rd, 30th _____
- **COMPETITIONS #1-5 (Final competition dates/times are subject to change):**
Del Mar HS: Competition #1, Saturday, October 7th, All Day _____
Cupertino HS: Competition #2, Saturday, October 14th, All Day _____
Bands of America: Competition #3, Saturday, October 28th, All Day _____
Independence: Competition #4, Saturday, November 4th, All Day _____
James Logan HS: Competition #5, Saturday, November 11th, All Day _____
- **FIELD SHOW MIDDLE SCHOOL PERFORMANCE**
Leigh HS: Date and time TBD _____
- **PARENT APPRECIATION DINNER/STUDENT AWARDS NIGHT**
Branham HS: Saturday, December 2nd, 7pm _____

I, _____, am the parent/guardian of the above named student and give him/her my permission to perform in the 2017-18 Branham High School Marching Band Season events listed above, and that he/she will be present at all initialed events. Any exceptions must be approved by the Marching Band Director.

_____ Parent/Guardian Signature	_____ Date
_____ Student Signature	_____ Date

2017-18 Eggativity Permission Form
Branham HS Royal Alliance Marching Band & Color Guard

Student Name: _____

The Eggativity activity was dreamed up by one of our former Royal Alliance members. It's a team building activity that involves groups (8-10) of students and a parent chaperone, walking through the neighborhoods surrounding the Branham campus. It's fun and the kids have a great time.

I, _____, give permission for my child to participate in the Eggativity fundraiser events.

Dates/Time for Eggativity fundraisers are not yet finalized and will be communicated at a later date.

I understand that my student will be going into the adjacent neighborhoods the Branham HS in groups in order to participate in this event (accompanied by a parent chaperone).

Parent/Guardian Signature

Date