



## WELCOME TO THE LEBANON HIGH SCHOOL MARCHING BAND!

On behalf of the band directors and the Lebanon Band Parents Association, we would like to warmly welcome you to the 2010 season with the Lebanon Marching Band.

Above all, we want marching band to be an enriching, exciting, and rewarding experience for your child. We have lots of fun, work hard, and have **OUTSTANDING RESULTS**. **You will love our band program-it is AWESOME!**

The band directors and the Lebanon Band Parents organization are planning wonderful opportunities for your child! Our marching band is a great group of students, parents, and adults that love band and love sharing it with our community and beyond. Being in the marching band is an incredible experience that will give your child a **lifetime of memories!**

When looking at our fee structure be sure to ask tons of questions if you have them. **Above all, don't think that you "can't afford it"**. We have a lot of ways to make the competitive marching band activity possible...just get involved and communicate with us and we can make it all work.

Speaking of fundraising, we do have major fundraising events that require EVERYONE'S help! Pay particular attention to the October 16<sup>th</sup> date-that is our **11<sup>th</sup> Annual Lebanon Marching Warrior Invitational!** We need ALL OF YOU to help in this HUGE day. This day can raise anywhere from \$8,000.00-\$12,000.00!

Please fill out the enclosed forms and send in the dues as SOON AS POSSIBLE. Again, **if you have any concerns about the dues (or anything else) don't feel awkward about approaching us.** We are ALL here for the kids! As long as we communicate things can almost always be worked out!

***The forms are very important to get in on time. LBPA has deadlines to meet for ordering shirts and getting ready for band camp. All forms should be sent to the band parent P.O. Box or put in a sealed envelope with the student's name, label the front, and drop it off next to the red money box in Mr. Iannelli's office.***

If you have any questions at any time don't hesitate to contact Mr. Iannelli or our LBPA President, David Abbott.

***LET'S HEAR IT FOR MUSIC EDUCATION!***

*David Iannelli  
Band Director*

*Chris Slaughter  
LBPA President*

# IN THIS PACKET...

- INTRO LETTER
- REHEARSAL SCHEDULE
- PAYMENT COUPONS
- BAND PARENT NEEDS ASSESSMENT FORM (DUE JUNE 10)
- PHYSICAL FORM (2 PAGES...DUE AT THE FIRST REHEARSAL YOU COME TO IN JULY!)
- NON-PRESCRIPTION MEDICATION FORM (DUE JUNE 7)
- PRESCRIPTION MEDICATION FORM (DUE JUNE 7)
- POLO SHIRT AND COMPETITION SHIRT ORDER FORM (DUE JUNE 7)
- EPINEPHRINE FORM (DUE JUNE 7)
- INHALER FORM (DUE JUNE 7)
- SPECIAL DIETARY NEEDS FORM (DUE JUNE 7)
- ASSUMPTION OF RISK AND RELEASE FORM (DUE JUNE 7)

***DO THE BEST YOU CAN TO KEEP AS MANY FORMS TOGETHER AS POSSIBLE. PLEASE NOTE THAT MOST PAGES HAVE TWO SIDES TO THEM! MAKE SURE YOU RETURN THE FORMS IN THE PROVIDED ENVELOPE!***

# LEBANON HIGH SCHOOL MARCHING WARRIORS

## SUMMER REHEARSAL SCHEDULE

**All events are at LHS unless otherwise noted**

\*\*\*With all of these dates, communication is key! If there is any problem with conflicting schedules, please call Mr. Iannelli IMMEDIATELY! If you are in town you are expected to be at rehearsal. ***Band camp rehearsals are MANDATORY!*** Also check the band's web page, [www.lhsbandroom.org](http://www.lhsbandroom.org), to keep up with the latest info.

### **Summer Dates of Note:**

•June 7-9 (M-W)	9 am-noon	Mini Camp (this is different than past years thanks to snow, ice, and hurricanes!)
•July 1, 2 (Tr, F)	6-9 p.m.	Parade Practice (Mandatory if you are in town)
•July 3 (Sa)	3-5 p.m.	Lebanon Independence Day Parade (Mandatory if you are in town)
•July 6, 8 (T, Tr)	6-9 p.m.	Summer Rehearsals (Mandatory if you are in town)
•July 13, 15 (T, Tr)	6-9 p.m.	Summer Rehearsals (Mandatory if you are in town)
•July 19-23 (M-F)	9-5 p.m.	<b><i>MANDATORY</i></b> (if there are vacation conflicts communicate NOW and they will be considered. Work, concerts, birthday parties, and the like are NOT valid excuses to miss days of camp. Not sure? Talk to Mr. Iannelli IMMEDIATELY!
•July 19 (Monday)	6-7:30 p.m.	Parade at Fairgrounds
•July 25-30 (Su-F)	ALL WEEK	<b><i>MANDATORY</i></b> Wright State University (NEW THIS YEAR...parents drop off students at Wright State between 5 and 6 pm. PARENT MEETING AT 6:15 PM.
•August 3, 5 (T, Tr)	6-9 p.m.	Summer Rehearsals (Mandatory if you are in town)
•August 10-12 (T,W,Tr)	6-9 p.m.	Summer Rehearsals (Mandatory if you are in town)
•August 17-19 (T,W,Tr)	6-9 p.m.	Summer Rehearsals (Mandatory if you are in town)
•August 28	9-4 p.m.	Drill Camp at LHS

A ***doctor's physical*** will be required to participate in Marching Band. Please have your doctor fill out the form. ***IMPORTANT-Lebanon High School gives these at a REDUCED RATE!***

***I will get a date to you as SOON as I know it!***

**LEBANON HIGH SCHOOL MARCHING WARRIORS**  
**FALL REHEARSAL SCHEDULE**

**All events are at LHS unless otherwise noted**

\*\*\*With all of these dates, communication is key! If there is any problem with conflicting schedules, please call Mr. Iannelli IMMEDIATELY! If you are in school you are expected to be at rehearsal. **ALL REHEARSALS AND PERFORMANCES ARE MANDATORY!** Also check the band's web page, [www.lhsbandroom.org](http://www.lhsbandroom.org), to keep up with the latest info.

**School Year:**

- **All Tuesdays** 6-9 p.m.
- **All Thursdays** 3:15-6:15 p.m.
- **Sat, August 28 “Get the Show Finished” rehearsal** (9 am-4 pm)
  - (reporting times are anywhere from 4-5:30, home between 10 p.m. and 11:30 p.m., depending on the game!
- **ONE Wednesday and Friday:** November 3-5, 6-9 p.m.
- **All Varsity Football games:** (Friday nights)
- **Competitions:**
  - Sa, 9/18      All Day      Fenwick High School
  - Sa, 10/2      All Day      Loveland High School
  - Sa, 10/16      All Day      Lebanon
  - Sa, 10/23      All Day      Mason
  - Sa, 10/30      All Day      Centerville
  - Sa, 11/6      All Day      Championships (TBA)
  - Tr or F-Sa 11/11-13      Bands of America Grand Nationals at Lucas Oil Stadium-Indianapolis, IN

• **Times for competitions usually come out about a week and a half before the show. School**

**Year:**

## LEBANON BAND PARENT NEEDS ASSESSMENT FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_  
Father's e-mail \_\_\_\_\_ Mother's e-mail \_\_\_\_\_

The main reason why our band program can keep the fees lower than other area band programs is due to all the work the Band Parents Association does to support the program. During the school year, we encourage all band and color guard parents, no matter what grade your child may be in, to become active with the Lebanon Band Parents Association. There are no membership fees and as a parent of a Lebanon band student, all parents are automatically members in LBPA. Meetings are held on the last Tuesday of each month in the high school band room. All parents are highly encouraged to attend these meetings, regardless of grade level, to learn what we are doing to support the band program. There are many volunteer opportunities throughout the year. In order to be successful, we need each family to sign up for a committee. From the list below, please check all that may interest you and the committee head will be in contact to answer any questions and discuss specifics.

- \_\_\_\_\_ **Fundraising committee** – subdivided into 5 sub-committees. External and Large Group sub-committees are responsible for the planning of these events. However, all parents are expected to work at these events even though they are not on the committee.
- **Internal fundraising** – This committee is responsible for the following fundraisers that run during various times throughout the year. These are fundraisers where the students sell specific products (ex. cheese & sausage/Entertainment books).
  - **External Fundraising Activities** – This committee is responsible for planning large fundraisers, which require adults and students to work (ex. Thomas the Train, Lebanon Blues Festival).
  - **Large Events** – This committee is responsible for the planning of invitational's and competitions for groups
  - **Sponsorships** – Solicit corporate sponsorships from local businesses and individuals and apply for foundational grants.
  - **Merchandise Sales** – Spirit wear sales

\_\_\_\_\_ **Uniform Committee** – Responsible for fittings, maintenance and recommending to LBPA Board on uniform purchase needs

\_\_\_\_\_ **Pit Crew/Towing/Props**

- Trailer/Golf Cart Towing for Marching Band, Winter Drum Line, Winter Color Guard and Concerts throughout the year
  - Requirements for trailer towing: Minimum ½ ton pickup truck (ability to tow 3000+ lbs.) with towing package, and electric brake controller.
- Prop Production (Marching Band, Winter Drum Line and Winter Color Guard)
- Pit Crew (assist the band or winter groups at competitions with moving props and equipment)

\_\_\_\_\_ **Volunteer Committee**

- Work with school personnel for the supervision of students while participating in functions away from school
- Organize/scheduling of volunteers for band events
- Bus Chaperones – (as requested by school personnel) must have a background check and ID badge
  - OMEA Large group contest
  - Away football games and marching band competitions
  - Winter Drum Line and/or Winter Color Guard competitions
  - Other band related activities during the school year as requested by school personnel
- Coordination of volunteers for fund raising activities (Internal, external and large events)
- Tracking of ID credentials and coordinating with LCSD Central Office
- Supervision on overnight trips
- Band Camp
  - Primary Chaperone at Band Camp – All Week (Typically 3 or 4 people)
  - Chaperone at Band Camp – 1 or 2 day shifts (10am – 7pm)
  - Chaperone at Band Camp – 1 night shift (11pm – 5am)

\_\_\_\_\_ **Social Committee** – responsible for planning, coordination and implementing food service for events/activities by the boosters and organizing social events

- Marching band banquet (end of season)
- Band awards night dinner / reception
- Final concert reception for seniors and their parents
- LJHS & Berry end of year appreciation party
- Food service – handle meals for activities away from home, snacks, cookouts, receptions, etc.

**If you have any questions about these committees, please feel free to call Pat Cieslak at 933-0592.**

**THIS FORM DUE ON JUNE 7<sup>th</sup>**

LEBANON MARCHING WARRIORS  
**SUMMER UNIFORM POLO SHIRT**  
 ORDER FORM

FRESHMAN, NEW MEMBERS OR THOSE WHO NEED A NEW WHITE POLO BAND SHIRT. IF YOURS FITS AND IS STILL IN GOOD SHAPE, YOU DO NOT HAVE TO BUY ANOTHER ONE!

**NOTE TO FRESHMEN TO BE:** THE POLO YOU WORE FOR CONCERTS IN THE 8TH GRADE IS ACCEPTABLE. THIS SHIRT IS SIMILAR IN DESIGN BUT IS A DIFFERENT FABRIC. THIS ONE IS MADE OF A WATER "WICKING", SPORT LIKE MATERIAL.

*Polo Shirts are Unisex Sizes (Not Form Fitting) - Small to 4XL*

	SIZE	QTY
<b>NAME:</b> <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>THIS IS PART OF THE MARCHING BAND UNIFORM, WHEN IT IS NOT ADVISABLE TO WEAR THE STANDARD UNIFORM DUE TO WEATHER OR OTHER CIRCUMSTANCES</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

COST IS \$30.00. ADD \$2.00 FOR 3XL & 4XL SIZES  
 CLOTHING PAYMENT MUST BE INCLUDED WITH ORDER

LEBANON MARCHING WARRIORS  
**COMPETITION T - SHIRT**  
 ORDER FORM

THIS IS FOR ALL MEMBERS OF MARCHING BAND

	SIZE	
<b>STUDENT NAME:</b> <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<b>NO CHARGE</b>

ONE STUDENT T-SHIRT IS PROVIDED AS PART OF YOUR FEES

*T-Shirts are Men's Sizes - Small to 4XL*

**EXTRA T-SHIRT  
ORDERS**

<b>COMPETITION T-SHIRT IS TO BE WORN UNDERNEATH THE STANDARD UNIFORM AND WHEN OUT OF UNIFORM AT A BAND FUNCTION.  <u>ONE SHIRT IS PROVIDED FREE, WITH YOUR FEES.</u> IT IS ADVISABLE TO PURCHASE A SECOND SHIRT.</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

EXTRA T-SHIRT COST IS \$15.00. ADD \$2.00 FOR 3XL & 4XL SIZES.  
 EXTRA T-SHIRT CLOTHING PAYMENT MUST BE INCLUDED WITH ORDER

**THIS FORM DUE ON JUNE 7<sup>th</sup>**



# Ohio High School Athletic Association Preparticipation Physical Evaluation



DATE OF EXAM: \_\_\_\_\_

Page 1 of 4

Name _____		Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____		
Address _____			Phone _____	
Personal Physician _____				
<i>In case of emergency, contact</i>				
Name _____	Relationship _____	Phone (H) _____	(W) _____	

## History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers in the space provided. Circle questions you don't know the answer to.

1. Has a doctor ever denied or restricted you participation in sports for any reason? Yes No  
 Yes  No
2. Do you have an ongoing medical condition (like diabetes or asthma)?  Yes  No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  Yes  No
4. Do you have allergies to medicines, pollens, foods, or stinging insects?  Yes  No
5. Do you think you are in good health?  Yes  No
6. Have you ever passed out or nearly passed out DURING exercise?  Yes  No
7. Have you ever passed out or nearly passed out AFTER exercise?  Yes  No
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?  Yes  No
9. Does your heart race or skip beats during exercise?  Yes  No
10. Has a doctor ever told you that you have (check all that apply):  
 High Blood Pressure  A heart murmur  
 High Cholesterol  A heart infection
11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)  Yes  No
12. Has anyone in your family died for no apparent reason?  Yes  No
13. Does anyone in your family have a heart problem?  Yes  No
14. Has any family member or relative died of heart problems or of sudden death before age 50?  Yes  No
15. Does anyone in your family have Marfan syndrome?  Yes  No
16. Have you ever spent the night in a hospital?  Yes  No
17. Have you ever had surgery?  Yes  No
18. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:  

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand / Fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toes
19. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  
 Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:
20. Have you had a stress fracture?  Yes  No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  Yes  No
22. Do you regularly use a brace or assistive device?  Yes  No
23. Has a doctor ever told you that you have asthma or allergies?  Yes  No

25. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No  
 Yes  No
26. Is there anyone in your family who has asthma?  Yes  No
27. Have you ever used an inhaler or taken asthma medicine?  Yes  No
28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?  Yes  No
29. Have you had infectious mononucleosis (mono) within the last month?  Yes  No
30. Do you have any rashes, pressure sores, or other skin problems?  Yes  No
31. Have you had a herpes skin infection?  Yes  No
32. Have you ever had a head injury or concussion?  Yes  No
33. Have you been hit in the head and been confused or lost your memory?  Yes  No
34. Have you ever had a seizure?  Yes  No
35. Do you have headaches with exercise?  Yes  No
36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?  Yes  No
37. Have you ever been unable to move your arms or legs after being hit or falling?  Yes  No
38. When exercising in the heat, do you have severe muscle cramps or become ill?  Yes  No
39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?  Yes  No
40. Have you had any problems with your eyes or vision?  Yes  No
41. Do you wear glasses or contact lenses?  Yes  No
42. Do you wear protective eyewear, such as goggles or a face shield?  Yes  No
43. Are you happy with your weight?  Yes  No
44. Are you trying to gain or lose weight?  Yes  No
45. Has anyone recommended you change your weight or eating habits?  Yes  No
46. Do you limit or carefully control what you eat?  Yes  No
47. Do you have any concerns that you would like to discuss with a doctor?  Yes  No

**FEMALES ONLY**

48. Have you ever had a menstrual period?  Yes  No
49. How old were you when you had your first menstrual period? \_\_\_\_\_
50. How many periods have you had in the last 12 months? \_\_\_\_\_

Explain "Yes" Answers Here: (Attach additional sheets as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (we) hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete/Parent or Guardian

The student has family insurance  Yes  No; If yes, family insurance company name and policy number: \_\_\_\_\_

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.  
NOTE: HISTORY AND ALL CONSENT FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION

**There are only two pages to this...you are not missing any pages!**

**Physical Examination Form**

The section below is to be completed by physician or staff after history and consent forms are completed.

Students Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

**Follow-Up Questions on More Sensitive Issues (Optional)**

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Questions from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MEDICAL	Normal	Abnormal findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**Clearance**

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not cleared for:  All Sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Information:**

Allergies: \_\_\_\_\_  
 Other Information: \_\_\_\_\_  
 Name of Physician: (print/type/stamp) \_\_\_\_\_ (M.D., D.O., D.C.) Date: \_\_\_\_\_

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

**THIS FORM DUE ON JUNE 7<sup>th</sup>**

**NON-PRESCRIPTION MEDICATION  
LEBANON HIGH SCHOOL MARCHING BAND**

AILMENT	TREATMENT
Cuts	Bactine, Lanacane
Allergic reaction	Benadryl
Bee stings	Benadryl, Benadryl cream
Cuts	Antibiotic ointment
Coughs	Cough Syrup, Cough Drops
Diarrhea	Imodium
Headache, General Pain	Acetaminophen (Tylenol), Ibuprofen (Motrin)
Irritated eyes	Visine, Saline
Nasal congestion	Sudafed, Benadryl, Sinutab
Skin rash	Calamine lotion, Benadryl, Baby Powder, Desitin Hydrocortisone cream
Sore muscles	Myoflex cream / Icy Hot
Sore throat	Throat lozenges
Sprains/strains	Ice, Ace wrap
Upset stomach	Mylanta, Maalox, Tums, Rolaids, Pepto Bismol

These are “over the counter” products that are generally used by the band or LBPA staff.

If there are any specific medications that you do not want to be used, or for which your child is allergic, please list below AND on the Emergency Medical Form.

I hereby give permission for the band staff or LBPA personnel to use the above treatments on my son / daughter

\_\_\_\_\_ (name)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

***THIS FORM DUE ON JUNE 7<sup>th</sup>***

**PERMIT FOR DISPENSING PRESCRIPTION/NON-PRESCRIPTION  
MEDICATION TO STUDENTS  
LEBANON HIGH SCHOOL MARCHING BAND**

(Individual form required for each medication)

**PARENT REQUEST**

SCHOOL: Lebanon High School

**GRADE:**

I am the parent, guardian, or caretaker in charge of

I am requesting the following medication be given to this student, according to instructions provided by the physician as described. I have read and understand Lebanon City Schools Medication Policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PHYSICIAN'S STATEMENT  
TO LEBANON BAND CAMP STAFF PERSONNEL:**

Since medication for the student listed below cannot be scheduled for other than school hours and administered of such prescribed medication may be supervised by medically untrained personnel, it is requested that the medication below be administered by school personnel or LBPA staff.

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Times to given: \_\_\_\_\_

Date Administration is to begin: \_\_\_\_\_ Cease: \_\_\_\_\_

Severe adverse reactions that should be reported to the physician: \_\_\_\_\_

One or more telephone numbers at which the physician can be reached in case of an emergency: \_\_\_\_\_ of

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM DUE ON JUNE 7<sup>th</sup>**

**Ohio Department of Health**  
**Authorization for Student Possession and Use**  
**of an Epinephrine Autoinjector**

In accordance with ORC 3313.718/3313.141

**A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine autoinjector to treat anaphylaxis in school.**

Student name
Student address

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.*

<b>Parent /Guardian signature</b>	Date
Parent/Guardian name	Parent/Guardian emergency telephone number (        )

**This section must be completed and signed by the medication prescriber.**

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)
Circumstances for use of the epinephrine autoinjector	
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief  _____	

**Possible severe adverse reactions:**

To the student for which it is prescribed (that should be reported to the prescriber)
To a student for which it is <b>not</b> prescribed who receives a dose
Special instructions  _____

**As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.**

<b>Prescriber signature</b>	Date
Prescriber name	Prescriber emergency telephone number (        )

Developed in collaboration with the Ohio Association of School Nurses.

HEA 4222 3/07

***THIS FORM DUE ON JUNE 7<sup>th</sup>***

**Ohio Department of Health**  
**Authorization for Student Possession and Use**  
**of an Asthma Inhaler**

In accordance with ORC 3313.716/3313.14

**A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.**

Student name
Student address

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.*

Parent/Guardian signature	Date
Parent/Guardian name	Parent/Guardian emergency telephone number (       )

**This section must be completed and signed by the student's physician.**

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief
_____

**Possible severe adverse reactions:**

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is <b>not</b> prescribed who receives a dose

Special instructions
_____

Physician signature	Date
Physician name	Physician emergency telephone number (       )

Adapted from the Ohio Association of School Nurses

HEA 4223 3/07

**THIS FORM DUE ON JUNE 7<sup>th</sup>**

# **SPECIAL DIETARY NEEDS**

*If you have special dietary needs that require us to make special arrangements for you please indicate them below.*

*Vegetarian*

*Vegan*

*Diabetic*

*Lactose Intolerant*

*Other* \_\_\_\_\_

*Name* \_\_\_\_\_

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

*Date* \_\_\_\_\_

**THIS FORM DUE ON JUNE 7<sup>th</sup>**

## ASSUMPTION OF RISK AND RELEASE

I (the undersigned) assume responsibility for any injury, loss, or damage resulting directly or indirectly from my child's (name/age) \_\_\_\_\_ participation in (activity) Band Camp, on 7/25-30, 2010 at Wright State University and will not institute any negligence or other claim against Wright State University, its agents, or any other person(s) who could be held liable in either their individual or official capacities and agree to hold the above named parties harmless from liability for any personal or property injury. I attest and verify that my child has no known medical problems or conditions which would prevent him/her from participating in this activity; and in case of a medical emergency, I authorize Wright State University, or its duly authorized agents to transport my child to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide my child with medical treatment. I have read and understood the foregoing and voluntarily sign this release as my own free act and deed.

Date:

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature)

***THIS FORM DUE ON JUNE 7<sup>th</sup>***

**Payment Coupons-clip and enclose with your payments.**

**(Remember:** You can begin paying in installments immediately or pay all at once before the deadlines. **Either put them in a LABELED envelope next to the money box at your school in Mr. Iannelli's office or mail them to:**

**Lebanon Band Parents Association  
726 East Main Street  
Suite F, #154  
Lebanon, Ohio 45036**

**Important Dates for fees:**

**March 26<sup>th</sup>** Final fees set based on band size, \$100 Non Refundable Deposit Due, Early Bird Discount Deadline

**June 7<sup>th</sup>:** Forms due. Deadline for second early bird discount.


**July 19<sup>th</sup>:** Fees due IN FULL.

Number of Students	Fee	Early Bird Special 2 (paid between March 27-June 7)	Early Bird Special (paid on or before March 26)
83-89	\$ 492.00	\$ 480.00	\$ 468.00
90-94	\$ 453.00	\$ 442.00	\$ 431.00
95-99	\$ 429.00	\$ 419.00	\$ 408.00
100+	\$ 407.00	\$ 397.00	\$ 387.00

Payment Amount Enclosed: \$ \_\_\_\_\_

Student Name \_\_\_\_\_


Parents Name \_\_\_\_\_

 (Cut here)

Payment Amount Enclosed: \$ \_\_\_\_\_

Student Name \_\_\_\_\_


Parents Name \_\_\_\_\_

 (Cut here)

Payment Amount Enclosed: \$ \_\_\_\_\_

Student Name \_\_\_\_\_


Parents Name \_\_\_\_\_

 (Cut here)

Payment Amount Enclosed: \$ \_\_\_\_\_

Student Name \_\_\_\_\_

Parents Name \_\_\_\_\_

 (Cut here)

Payment Amount Enclosed: \$ \_\_\_\_\_

Student Name \_\_\_\_\_

Parents Name \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION FORM**

School \_\_\_\_\_ Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. **Information provided on this form will be shared with school personnel who interact with your child to ensure his/her safety at school unless you note otherwise.**

Residential (lives with) Parent or Guardian:

(Designate – work or home)

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of (Local) Relative or Childcare Provider (circle one): \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I – TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**IMPORTANT**

Please list any facts concerning the child's medical history including allergies, medications being taken, current medical conditions, and any physical impairments to which the school and a physician should be alerted.

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

\_\_\_\_\_  
Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**PART II – REFUSAL TO CONSENT**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

***THIS FORM DUE ON JUNE 7<sup>th</sup>***