

December 5th, 2023

Dear Honor Band Member,

Congratulations on your acceptance to the 2023-2024 District 14 Middle School Honors Band! This will be an outstanding musical experience for you.

There should be 5 selections in your folder. You are responsible for preparing all of this music by Wednesday, January 24, 2024, which will be held at Jupiter High School. **You are responsible for numbering every measure of all music, and coming to the rehearsal prepared on all the music, in order to make this experience the best it can be.** Please make sure you have all 5 of the following pieces in your folder (if you are missing any, please ask your band director to contact Mrs. Shearon immediately.)

Star Spangled Banner
Air from County Derry
Choose Joy
Extraordinary Machines of Clockwork and Steam
Malaguena

January rehearsals and January performance will be held at **Jupiter High School**. The address for Jupiter High School is **500 Military Trail Jupiter, FL 33458**. **You must attend all rehearsals and the concerts for the full duration (which means you cannot leave early).** **Please note, that you cannot leave the school campus for lunch.** Students missing any portion of the rehearsals or concerts will be removed from the band and replaced by an alternate. You and your director are responsible for getting an approved field trip absence for Wednesday, January 24-25th. The rehearsal and performance schedule is as follows:

Wednesday, January 24th

8:00AM Check-In at Jupiter HS
8:40 AM Be seated in the band room at **Jupiter High School**
9:00 AM – 4:00PM Rehearsal (breaks and lunch will be announced)

Thursday, January 25th

3:00 PM Check-In at Jupiter HS
3:40 PM Be seated on stage at **Jupiter High School**
4:00 – 6:00 PM Rehearsal (breaks will be announced)
6:00 PM Break for dinner and change into concert uniform
7:00PM Concert - you will be the first band to perform -
must stay for entire show (will end at approximately 9:00pm)

Dress for the concert is your band's concert uniform. Don't forget to have your All-County Patch sewn on your Left Sleeve for the concert. If you have other patches, you can apply them to the right sleeve, or on the chest. Please tell family and friends who are coming to the concert that tickets will be \$10.00. They can be purchased online at www.pbcdba.com Follow the link on the All-County Concert Band tab.

Please be sure to bring the following to all rehearsals:

- ✓ A MUSIC STAND
- ✓ A PENCIL
- ✓ Extra reeds, valve oil, etc.
- ✓ Mutes

- ✓ PERCUSSIONISTS: bring all instruments, sticks, mallets, cymbals, stands, and accessories that you have been assigned to play. The only instruments provided will be 4 timpani, bass drum and all keyboards (bells, xylophone, marimba, vibraphone, chimes, and a gong).
- ✓ A Superior rehearsal attitude. Students not observing proper rehearsal etiquette will be removed from the band at the discretion of the district chairman, and will be replaced with an alternate.

Once again, congratulations on your superior achievement!



Medical Disclosure & Acknowledgement of Procedures for Administration of Medication and/or Medical Treatment on Field Trips

As part of the field trip/extracurricular activity/events approval process, the parent/guardian must fully complete this disclosure and complete all requirements for the administration of medication and/or medical treatment. Failure to complete this form or meet any of these requirements will result in your child being ineligible to attend the field trip/extracurricular activity/event.

ALL FIELDS ON THIS FORM MUST BE COMPLETED. A COMPLETED FORM MUST BE RETURNED FOR EACH STUDENT.

Student #	Student First Name	M.I.	Last Name	Grade	Birth Date
School Name					

1. My child receives medication, including over-the-counter medications, and/or medical treatment during school hours. <input type="radio"/> Yes <input type="radio"/> No
If yes, list the medication/medical treatment: _____
2. My child receives medication including over-the-counter medications, and/or medical treatment outside of school hours. <input type="radio"/> Yes <input type="radio"/> No
If yes, list the medication/medical treatment: _____

The parent/guardian must:

- complete, sign and return this form to the sponsor by the designated deadline.
- if the administration of medication, including over-the-counter medications, and/or medical treatment is or may be needed, obtain a completed Physician Authorization Form from your child's health care provider. Return the Physician Authorization form to the sponsor by the designated deadline.
- abide by Board Policy 5.321, *Administration of Student Medication/Treatment*.
- inform sponsor if there are changes to the child's medical history, administration for medication or medical treatment. An updated Physician Authorization Form is required for any changes to the student's medication or medical treatment, e.g., dosage, frequency, etc. The Physician Authorization Form must match the medication/treatment provided.

If your child needs or may need administration of medicine (prescription or over-the-counter) or medical treatment and the medication/medical treatment is not currently stored in the school health room, the parent/guardian must:

- have your child's health care provider complete and sign the Physician Authorization Form, attach a recent picture of your child (pursuant to Board Policy 5.321) and submit both to the sponsor no later than one month before the field trip/extracurricular activity/event.
- deliver any medication/supplies listed on the Physician Authorization Form to the sponsor on the day of the field trip/extracurricular activity/event.

If your child needs or may need administration of medicine (prescription or over-the-counter) or medical treatment and the medication/medical treatment is currently stored in the school health room:

- the sponsor will sign-out the medication from the school nurse the day of the field trip/extracurricular activity/event if the field trip/extracurricular activity/event occurs during or begins after school hours.
- the parent/guardian must sign out the medication from the school nurse the day before the field trip/extracurricular activity/event and deliver the needed medication listed on the Physician Authorization Form to the sponsor if the field trip/extracurricular activity/event begins prior to school hours.
- the sponsor will return any unused medication/supplies to the parent/guardian if the field trip/extracurricular activity/event ends outside of school hours.

By signing below, I acknowledge that I have read, understood, and will adhere to all requirements. I understand that failure to complete this form or meet any of these requirements will result in my child being ineligible to attend the field trip/extracurricular activity/event.

<i>Parent/Guardian Name (printed)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
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Single Day Field Trip Permission/Release

Permission is requested for your child (student) to go on a single day field trip. To give permission for your child to attend this field trip, complete the information in Section II. Return the completed Single Day Field Trip Permission/Release to the teacher named below along with payment* if there is a charge. If this Single Day Field Trip Permission/Release is not returned, your child will not be permitted to attend. This form must be signed by the parent(s)/guardian(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

School Name		School Contact			School Contact Phone #
Teacher Name		Grade			
Departure Date January 24-25	Departure Time 8:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Return Date January 24-25	Approximate Return Time 10:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Cost Per Student* 0	
Jupiter High School 500 Military Trl Jupiter, FL		<input checked="" type="checkbox"/> In-county <input type="checkbox"/> Out-of-county	Number Of Chaperones Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver(s) <input type="checkbox"/> Adult <input type="checkbox"/> Student	
Method(s) Of Travel (check all that apply)					
<input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input type="checkbox"/> Private Vehicle*** <input checked="" type="checkbox"/> Other (specify) <u>Parent/Student Transportation</u>					
Purpose For Trip All-County Honor Band					
Description Of Supervision On Trip + Supervision by district employees at all time, minus restroom breaks					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

- * No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.
- *** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parent(s)/guardian(s) of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the PBSB 2362 Volunteer Driver Information.
- + Describe the circumstances or times that the student will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

Student Name (last, first, middle initial)		Student Home Address			
Home Phone #	Business Phone #	Cell Phone #	Emergency Phone #		
Physician's Name	Physician's Phone #	Student Swimming Skill Level (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
Other Student Information (allergies, medications, etc., attach PBSB 2649)				Meal(s) Provided <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. **I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.**

Check here if the student wears a medical alert

Signature of Emancipated Student _____ Date _____ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____