

# Marching Band Camp 2019



Should a student need financial assistance with camp fees, scholarships are available. Contact Mr. Newman: [st\\_newman@smfcsd.org](mailto:st_newman@smfcsd.org). If you wish to be considered for financial assistance, please understand that the Band Parents Association **DOES** expect those applying to actively **participate** in all Band Fundraisers and be willing to assist with any **volunteer** capacity throughout the year.

**PAYMENT:**

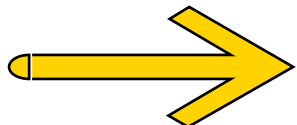
The **DEPOSIT**, 1/2 of the band camp/ uniforms coast (\$175) is **DUE BY MAY 1, 2019** Balance of payment (\$170) is **DUE BY JUNE 1st.**

**PLEASE MAKE ALL PAYMENTS BY CHECK OR ELECTRONIC**

**PAYMENT: <http://smfband.org/stuff/payment/>**

**MAKE CHECKS PAYABLE TO: STOW-MUNROE FALLS BAND PARENTS**

**ASSOCIATION**



**MAIL PAYMENTS & FORMS TO:**

Stow-Munroe Falls Band Boosters  
PO BOX 2454  
Stow, OH 44224

\*\*\*\* NOTE: Please include part of the payment form with the check. If you choose to use students accounts, please notate the amount to be used on the payment stub. Directors will **NOT** except payments and forms.

**FORM DESCRIPTIONS:**

**MED FORMS:** Please inform us of all pertinent medical history so we can provide the best care for your child in the case of an emergency. Students should be in good health & have an up-to-date tetanus shot before camp starts in August. Any students with special diets should include that information on their Medical Forms.

**ALL MEDICATIONS MUST BE GIVEN TO THE BAND CAMP NURSING STAFF DURING DESIGNATED PRE-CAMP DATES AND TIMES. ALL MEDS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE & IN A ZIPLOCK BAG WITH THE STUDENT'S NAME PRINTED ON THE BAG. SINCE THIS IS A SCHOOL ACTIVITY, ALL MEDS WILL BE DISPENSED & MONITORED BY THE NURSING STAFF.**

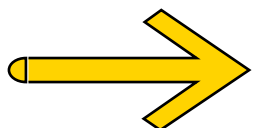
Carefully read & sign SMF Emergency Medical Authorization indicating your child's treatment instructions in case of an emergency.

**FORM #2**

Carefully read & complete all **three** areas of **FORM #2**. The **Travel Permission Form** , grants permission for your child to travel with the band for school events. The **Handbook Acknowledgment** affirms that both student and parent have read the handbook. Finally, the **Name and Photo Release** allows permission to use students name, photo or scholastic work to utilize within internet web publications including the band newsletter and band website.

**FORMS ARE DUE BY MAY 1st ALONG WITH THE INITIAL PAYMENT**

**ALL FORMS ARE REQUIRED BEFORE YOUR CHILD IS PERMITTED TO PARTICIPATE IN ANY BAND ACTIVITY.**



**MAIL FORMS to:**

Stow-Munroe Falls Band Parents Association  
PO BOX 2454  
Stow, OH 44224

**EMAIL ANY QUESTIONS TO:**

Mr. Newman: [st\\_newman@smfsd.org](mailto:st_newman@smfsd.org)



**CONDUCT:** All school and band rules as listed in the Band Handbook apply at band camp. If you have any questions, email the band directors.

**WITHDRAWALS/REFUNDS:** No refunds will be given to any student or family withdrawing after the start of Pre-camp or leaving early for team practices.

**WHAT TO BRING:** A detailed list will be given in July, but in general:

**1 Medium Sized Suitcase:** with clothing, good socks, alarm clock, personal hygiene items, towels, band aids, lip balm or chapstick, insect repellent, sun block (30+), rain gear, swimsuit, jacket or sweater, water bottle (for when on field) 2 pairs of shoes and hat. **SANDALS OR BARE FEET ARE NOT PERMITTED FOR MARCHING. SOCKS MUST BE WORN TO PREVENT BLISTERS. COMPRESSION SHORTS ARE ENCOURAGED TO PREVENT CHAFFING DUE TO MARCHING.**

**Bedroll:** In a garbage bag with **Fitted sheet measures 39"x80"x10", Flat sheet measures 66"x100,** pillows, blanket and/or **sleeping bags.** The university does not provide linens.

Due to lack of space on the box truck, TV and monitors are not permitted.

**Spending Money:** may be needed for buying soda and ordering pizzas in the evenings. Students will need \$3. to help pay for the **end of camp party.**

\*\*\*\*\* **The Instrument/Luggage Trucks** will be packed on **Saturday, August 10th from 1:00-2:00PM.** All students should drop off instruments and luggage during these times. Percussion and tubas are required to drop off their instruments by 12:45 PM as they need to be loaded first.

**INSTRUMENTS:** Be sure your instrument is in good playing condition. Bring extra supplies to keep it working (oil, reeds, drum sticks, tape, etc.) Please have it inspected before camp. As always, **FLIP FOLIOS ARE A REQUIRED ITEM FOR EVERYONE!** Flutes will need a *flutist friends lyre*. Music lyres are also required for all instruments except percussion and tubas. Percussionists should purchase page protectors and rings to keep their music together.

**CELL PHONES:** Students are permitted to bring cell phone to camp, however they are permitted to use them during free times (3-5, 9-11). Cell phones should never be used to contact parents if students ill. Directors & nurses should be advised & they will call parents.

**CHAPERONES:** If you can help pack or unpack the truck please contact Joel Biggs: jbiggs99@gmail.com

**STOW-MUNROE FALLS BAND PARENTS:** In addition to helping pay camp fees for families with two or more children, the Stow Band Parents also assist with:

- |  |   |
|--|---|
| * Wages for College Assistants           | * Room & Board for Directors & Chaperones |
| * Truck Rental for Luggage & Instruments | * Radios                                  |

\*\*\*\*\* INFORMATION FORMS AND RECORD OF PAYMENTS \*\*\*\*\*

**COMPLETED FORM:**

**due by May 1st:**

Mail all forms to:  
Stow-Munroe Falls Band Association  
PO BOX 2454  
STOW, OH 44224

\_\_\_ Form #1 (SMF Emergency Medical Forms)

\_\_\_ Form #2 (Permission/Handbook Acknowledgement/Media Release)

**RECORD OF PAYMENTS**

Keep this portion for your records.

DATE	STUDENT'S NAME/S	PAYMENT	CHECK #
------	------------------	---------	---------

5/1/2019

6/1/2019

Contact our treasurer regarding student account questions? contact: [stowbandtreasurer@gmail.com](mailto:stowbandtreasurer@gmail.com)

**FIRST PAYMENT**

**Detach and Return with Payment by MAY 1, 2019**

STUDENT'S NAME

PAYMENT

Mail to:

Stow-Munroe Falls Band Association  
PO BOX 2454  
STOW, OH 44224

You have my permission to use \$ \_\_\_\_\_ from my student account.

Total Enclosed: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL PAYMENT:**

**Detach and Return with Payment by JUNE 1, 2019**

STUDENT'S NAME

PAYMENT

Mail to:

Stow-Munroe Falls Band Association  
PO BOX 2454  
STOW, OH 44224

You have my permission to use \$ \_\_\_\_\_ from my student account.

Total Enclosed: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP OVER-THE-COUNTER MEDICATION AUTHORIZATION**

Student Name (Last, First, Middle Initial): \_\_\_\_\_

Student Address: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name &amp; Phone Number: \_\_\_\_\_

Does this Student have any allergies to food or medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list allergies: \_\_\_\_\_

Does the Student have an Individualized Healthcare Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

The Stow-Munroe Falls City School District staff members who are accompanying students on your child's field trip will have the following medications available. Please review the list, mark the correct dosage (if applicable), and initial next to the medication that you consent to be administered to your child, if needed.

**For children 12 years of age or older:**

<u>Medication:</u>	<u>Dosage (circle dosage):</u>	<u>Parent/Guardian Initial:</u>
Regular Strength Tylenol	325 mg tablets: 1 tablet (325 mg)	_____
	2 tablets (650 mg) every 4-6 hours	_____
Regular Strength Ibuprofen	200 mg tablets: 1 tablet (200 mg)	_____
	2 tablets (400 mg) every 4-6 hours	_____
Halls Cough Drops		_____
Benadryl 25 mg tablet	1 tablet (25 mg)	_____
	2 tablets (50 mg)	_____
Dramamine 50 mg tablet*	1 tablet (50 mg)	_____
	2 tablets (100 mg) ever 4-6 hours	_____

\*take 30 min before exposure to motion

**For children less than 12 years of age:**

<u>Medication:</u>	<u>Dosage (circle dosage):</u>	<u>Parent/Guardian Initial:</u>
Junior Strength Ibuprofen 100 mg chewable tabs Every 6-8 hours	6-8 years old – 2 tabs  9-10 years old – 2½ tabs  11 years old – 3 tabs	_____ _____ _____
Junior Strength Tylenol 160 mg chewable tabs Every 4 hours	6-8 years old – 2 tabs  9-10 years old – 2½ tabs  11 years old – 3 tabs	_____ _____ _____
Halls Cough Drops		_____
Children's Benadryl 12.5 mg chewable tabs Every 4-6 hours	1 tab (12.5 mg)  2 tabs (25 mg)	_____ _____
Dramamine* 12.5 mg chewable tabs Every 6-8 hours	1 tab (12.5 mg)  2 tabs (25 mg)	_____ _____

\*take 30 min before exposure to motion

Authorization to administer the above listed over-the-counter medication(s) extends only for the duration of the field trip.

With full knowledge of emergencies, dangers, and risks related to the administration of the above-authorized over-the-counter medication(s) by the Stow-Munroe Falls City School District City School District Board of Education employees, officers, agents, and/or representatives, the undersigned, for himself/herself and his/her heirs and assigns, in consideration of the Stow-Munroe Falls City School District dispensing over-the-counter medication(s), to my child, does hereby release and discharge, covenant not to sue, and agree to indemnify and hold harmless the Stow-Munroe Falls City School District Board of Education, including its officers, members, employees, agents and/or representatives in both their official and individual capacities, for any and all claims, demands, actions, causes of actions or suits at law or equity or whatever kind or nature, whether known or unknown and from a continuing effects therefrom, which might arise out of or relate in any way to the administration of the above-authorized over-the-counter medication(s) to my child/ward and the results thereof. By signing below, I indicate that my child/ward has previously taken the over-the-counter medication I am authorizing the district to administer over-the-counter medications, on an as-needed basis, during the field trip and that my child/ward has not had an adverse reaction to the medication when previously administered.

I understand that I must submit a revised statement and sign if any information changes prior to the departure of the field trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR\*\***

Clinic Use Only: Date form received: _____ Date medication received: _____ Form Complete (Y or N): _____
Notes: _____ Date Form Complete: _____

**\*\*THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR\*\***

Clinic Use Only: Date form received: _____ Date medication received: _____ Form Complete (Y or N): _____
Notes: _____ Date Form Complete: _____





Akron  
Children's  
Hospital

School Health Services  
Prescription Medication Administered at School

Attach  
Student  
Picture  
If available

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Student Address: \_\_\_\_\_

**To Be Completed by Physician/Healthcare Provider:**

Name of medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to be given: \_\_\_\_\_ (during school hours)

Reason for medication: \_\_\_\_\_

Form of medication: ☐ Tablet ☐ Liquid ☐ Inhaler ☐ Nebulizer ☐ Other

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Potential adverse reactions to be reported: \_\_\_\_\_

Physician/Healthcare Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Healthcare Provider Name: \_\_\_\_\_  
Print Name

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian:** I give permission for my child to receive this medication at school according to the school district policy and as instructed by my healthcare provider.

I agree and am responsible to:

- Deliver my child's medicine to school in its original container and labeled by a pharmacist or healthcare provider
- Tell the school as soon as possible if there is a change in the use of my child's medicine
- Tell the school if my child gets a new healthcare provider
- Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes.

I agree for child's healthcare provider to talk with the school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Emergency Alternate Phone: \_\_\_\_\_

**\*\*THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR\*\***

**Clinic Use Only:** Date form received \_\_\_\_\_ Date medication received: \_\_\_\_\_ Form Complete (Y or N) \_\_\_\_\_

Notes: \_\_\_\_\_ Date Form complete: \_\_\_\_\_

For OTC meds taken regularly



School Health Services

Non-Prescription Medication Administered at School

Attach  
Student  
Picture  
If available

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

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

Student Address: \_\_\_\_\_

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

Time to be given (during school hours): \_\_\_\_\_

Reason for Medication to be administered: \_\_\_\_\_

Form of Medication: ☐ Tablet ☐ Liquid ☐ Other

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Potential adverse reactions to be reported to parent or physician: \_\_\_\_\_

Physician/Healthcare Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian:** I give permission for my child to receive this medication at school according to the school district policy.

I agree and am responsible to:

- Deliver this medicine to school in its original container.
- Tell the school as soon as possible if there is a change in the use of this medicine.
- Complete a new medicine form for this medicine if there are dose changes. If medication dosage does not match the instructions on original container, a healthcare provider order is required.
- If this medication is needed for greater than 4 consecutive days a healthcare provider order is required.

I agree for child's healthcare provider to talk with the school or any school staff person about this medication if needed. No other part of my child's medical health will be discussed. When my child receives this medication I will be notified.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Emergency Alternate Phone: \_\_\_\_\_

**\*\*THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR\*\***

**Clinic Use Only:** Date form received \_\_\_\_\_ Date medication received: \_\_\_\_\_ Form Complete (Y or N) \_\_\_\_\_

Notes: \_\_\_\_\_ Date Form complete: \_\_\_\_\_



## FORM# 2

### BAND CAMP, PERFORMANCES & ACTIVITIES PERMISSION

This form must be completed, signed and returned before the student will be permitted to go to band camp or any other band activities as listed in the band calendar. **Please return this form**, and the **Emergency Medical Authorizations** to: SMF Band Parent Association, PO BOX 2454, Stow, OH 44224

STUDENT'S NAME: \_\_\_\_\_ CLASS Fr. Soph. Jr. Sr.

INSTRUMENT: \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

I hereby grant permission for my child, \_\_\_\_\_ to accompany the Stow-Munroe Falls High School Marching Band to any band activities: Band Camp, Football Games, Performances, Workshops and Clinics. I understand the rules and regulations of the band and school as stated and believe that necessary plans and precaution for the care and supervision of the students will be taken. Beyond this, I will not hold the school or those supervising the camp responsible.

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

Parent or Guardian

### HANDBOOK ACKNOWLEDGEMENT

(see online: <http://smfband.org>)

I have read and understand the specifications listed in the **SMF Band Handbook**. I agree to conform to the rules and guidelines listed within; realizing that any infraction could result in my removal from a band activity and subject me to further school discipline, including dismissal from band. I also fully understand that my participation in rehearsals & performances is part of my grade & failure to meet commitments will be detrimental to my final grade.

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

Band Member

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

Parent or Guardian

### RELEASE FORM FOR STUDENT's NAME, VIDEOS or PHOTOS:

I hereby grant permission for my child's name, photo, or school work to be displayed on the Stow-Munroe Falls School official school web site or the Stow-Munroe Falls Band Web Site. (Access to this website is not restricted and can be viewed by any internet user) for the purposes of: posting audition/challenge results, photographs of the band in formations or concerts, names of students receiving awards, soloists for concerts or band officers. I understand that my child's name, school and grade placement may be revealed within such presentations, but that no grades or other evaluative measures of the work will be included.

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

# GENERAL BAND CAMP RULES:

1. All school and band rules as set in the SFMHS Band Handbook apply at camp.
2. Be on time and prepared for all activities. (i.e. extra reeds, valve oil, etc.)
3. Hazing is not permitted by Edinboro University, SMFHS Band Program or SMF City School District.  
“Hazing is defined as doing any act or coercing another, including the victim, to do any act which causes or creates a substantial risk of causing mental or physical harm to any person. Permission, consent or assumption of risk by an individual subjected to hazing does not lessen the offense. Restraining a students may also constitute hazing.”
4. Students are only permitted on their own dorm floor unless accompanied by an adult chaperone.
5. NO SKATEBOARDS or Rollerblades.
6. Do not fraternize with college students.
7. No band member will leave College Grounds for any reason without the permission of Mr. Newman. When moving around campus always travel in groups---never alone!
8. Returning to dorms during rehearsal times or full group activities (including meals) without permission of the directors is not permitted. You must always take a chaperone with you.
9. **School dress codes are in effect at band camp.** Students should choose appropriate clothing that is both cool and offers protection from the sun. No bare feet or sandals are permitted on the field.
10. The inside & outside of dorms will be kept clean. Rooms will be inspected each morning.
11. No one is to hang out of windows or remove screens at any times.
12. All rules are enforced by chaperones and camp staff for your safety. Always be polite and respectful. Any changes in or deviation from the schedules can only be made by the directors. Don't assume anything.
13. Parents should monitor what your child takes to band camp. Due to room on the truck, TV's are not permitted. We discourage students from bringing Stereos, Computers or other expensive items to camp.
14. **Cell Phones** are only permitted during free times. They are never permitted in rehearsals at anytime. Failure to follow this rule will result in the phone being confiscated & returned upon returning home.
15. **Alumni are only permitted to visit between 6-9 on Thursday evening. These guests are not permitted during free time and are never permitted in the dorms.**

## Medical Guidelines:

1. **ALL MEDICATIONS MUST BE GIVEN TO AND WILL BE ADMINISTERED BY THE NURSE.**
2. If you become ill, you must inform a director, chaperone and the nurse first! Please do not call parents without first talking to a nurse. For legal reasons, in the event a parent must be called, the call will be placed by the nurse or director.
3. Any student who can not participate in field drills due to injury, will refrain from activities which may lead to further injury during free time. Failure to follow the advice of the nurse or director will result in the loss of the students free time. Students who are injured and on the sidelines, must following what the band is learning unless informed otherwise by the nurse.

**Parents: please consider consulting your physician about halting any medications that cause sun sensitivity during the week of band camp (ex. acne medications).** We've had problems with severe sunburns on kids taking these kind of medications. If it can not be stopped, have your child plan accordingly: hat, sunglasses, high SPF & clothing that covers the shoulders, please!

## Resident Hall Rules:

1. Articles Prohibited in Resident Hall Rooms Include:

- No alcohol or drugs	- No water balloons, squirt guns, etc	- No bicycles
- No animals or pets of any kind	- No microwaves or refrigerators	- No open flames
- No shaving cream fights	- No guns, knives, fire arms or weapons	- No firecrackers
2. Main doors to rooms must be propped open when a student is inside unless the student is sleeping or dressing. Once a student leaves the room, doors must be locked.
3. The student is responsible for damage or theft of university property & is liable for the full replacement cost.
4. Room keys are the responsibility of the student. The university charge is \$40.00 for a lost room key.
5. Students must be on their own floors by 10:00PM. Lights out at 11:00 PM.  
From 11:00 PM to 6:00 AM no one is permitted out of their rooms for any reason.