

Murrieta Valley High School Band Program

Activity Permission Slip and Image Likeness Release

I hereby give permission for my son or daughter to participate in Instrumental Music Department activities throughout the 2025 - 2026 school year. It is my understanding that the grade earned in either Band (including Color Guard) is based upon attitude and participation, daily attendance, attendance at performances, performance tests, and written tests. I am aware that the performances amount to an examination of the material covered in rehearsals.

(Student Name) _____ has my permission to attend any Principal-approved Instrumental Music Department activities. My son or daughter will be notified of all performances at least two weeks prior to performing whenever possible. I understand that if my son or daughter cannot attend an out-of-class activity, I must provide the Director of Bands with written notification in advance of the activity and in accordance with the Band Program Courses Syllabus in order for him/her to be excused, and further understand that the absence may still result in a loss of credit for the activity.

In the event that the activity requires the student to travel, it is agreed that my son or daughter will ride district provided transportation to and from the event, and that the school will maintain every reasonable caution for the trip. I am also aware that detailed itineraries will be distributed prior to each event. If my son or daughter misses the group departure, I will make every effort to get them to their designated destination so that they may perform as planned.

Finally, I approve of the use of my son or daughter's photo likeness to be used for promotional purpose on the Internet and/or in print and television media.

Parent/Guardian Signature: _____ Date: _____

Murrieta Valley High School Band Program

Voluntary Pledge Commitment Agreement

In order to continue to provide the highest quality music education experience for your student, the Murrieta Valley High School Band Program is asking for your pledge of support. To maintain the program at the level our community has come to expect, for the 2025 – 2026 school year, we are asking for your voluntary donations.

In accordance with California State Law, California Education Code, and the policies of the Murrieta Valley Unified School District, we understand the following:

1. My student will have full access to all school sponsored classes and activities.
2. My student will not be denied participation based upon our ability to donate.
3. My student's grade or course placement is not based upon our ability to donate.

However, we completely understand that the range of experiences offered to my student is completely based upon not only our ability to donate the requested amount, but also based upon the donations of other families, donations from the community, and necessity to provide for the needs of the entire program. If sufficient funds are not donated or fundraised, then the Instrumental Music Director, with the guidance of the Murrieta Valley High School and Murrieta Valley Unified School District Administration, will then have to determine what experiences can be offered.

I further understand that due to the nature of this being a "donation" to an IRS approved 501(c)3 non-profit organization, I am not entitled to any refund whatsoever.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Student's Name: _____

Murrieta Valley High School Band Program

Voluntary Pledge Form – Asking for \$750 in Donations

Student's Name & Email: _____

Parent's Name & Email: _____

Please Initial Next to the Donation Option You Would Like to Select:

My student will be participating as a musician or color guard member in the 2025 - 2026 MVHS Band Program. In order to meet its financial obligations, the Booster Organization is asking for voluntary donations to be made.

_____ We will make a full donation of \$750

_____ We are unable to donate the requested amount, but we are able to donate \$ _____

Donation Schedule:

_____ We would like to make a one lump sum donation at the time of registration.

_____ We would like to make recurring monthly donations with our credit card using the schedule below:

June (Submit at MB Registration Day) - \$200

July/August (Submit at Band Camp) - \$200

September - \$200

October - \$150 (Transportation)

DONATION PAYMENT METHOD:

_____ We would like to donate by recurring credit card method. (Fill out form below)

_____ We would like to pay via PayPal on the Band Program website (www.mvhsband.net)

_____ We would like to donate monthly by check payable to MVNMBB

CREDIT CARD AUTHORIZATION:

I, _____, authorize the Nighthawk Marching Band Boosters (NMBB) to charge my credit card according to the schedule above or \$_____ on the 1st of each month for band donations from June 1st, 2025 to November 1st, 2025.

Credit Card #: _____

Exp. Date: _____

CVC #: _____

Zip Code: _____

Signature: _____

Date: _____

To be completed by parent/guardian and collected/maintained by teacher / trip organizer

**VOLUNTARY EXCURSION/FIELD TRIP PERMISSION
AND MEDICAL AUTHORIZATION – MULTIPLE TRIPS**

Dear Parent/Guardian:

Kindly complete and return this form to _____
(teacher / person in charge of trip)

I hereby authorize (student's name) _____ to participate in voluntary off-campus field trips/excursions. These may include, but are not limited to, trips to government facilities, parks and zoos, athletic events, conferences and meetings, local businesses, entertainment events, exhibitions and fairs, museums and cultural centers, etc.

It is extremely important to be aware of any medical condition/problem and/or medications a student is required to take when going on a field trip. Please list any medical conditions and/or medications that we should know about.

Any student who needs to take medication while on a field trip **MUST** have written permission from both the parent and the physician, as well as provide the medication in the original, labeled container. A staff person must keep the medication with them at all times unless previous arrangements have been made (i.e.: student has written permission on file to carry medication, such as an asthma inhaler).

****Fill out this section ONLY IF student needs to take medication during field trip ****

Name of Medication _____	Dose _____	Time(s) of Administration _____
Physician Signature _____	Date _____	Phone Number _____

*If your student already has medication at school that they take on a daily basis, you may contact the Health Office and arrange, **prior to the field trip**, for their medication, along with the permission forms to be sent on the field trip. If you do not contact the Health Office, it will be assumed they will not be taking their medication unless you make other arrangements.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student's Birth date: _____

Medical Insurance Carrier: _____ Subscriber's ID #: _____

Emergency Contact: _____ Phone: _____

AUTHORIZATION TO RENDER EMERGENCY MEDICAL, DENTAL, SURGICAL OR HOSPITAL CARE TO A MINOR (2025 – 2026)

Dear Parent or Guardian,

It is once again time to update the Emergency Medical Information files for members of the Band (including Color Guard) at Murrieta Valley High School. It is to everyone's advantage that you will make a complete and frank statement regarding your child's health. Please include anything that will require special attention as well as a list of medications (including aspirin) or foods to which he/she may be allergic and should not be given. **This information will be kept in strict confidence.**

Student Legal Name: _____

Grade: _____

Date of Birth: _____

I. The following is a list of ailments and/ or conditions, which may pertain to your child. If applicable, please state the age of occurrence. If the condition has never existed, leave the space blank. List any additional information that might be helpful.

Appendicitis _____

Asthma _____

Chronic Cough _____

Constipation _____

Diabetes _____

Ear Infection _____

Emotional Distress _____

Epilepsy _____

Fainting _____

Hay Fever _____

Heart Disease _____

Mononucleosis _____

Rheumatic Fever _____

Recent Surgery _____

Tonsillitis _____

Tetanus _____

Last Injection _____

Pneumonia _____

Motion Sickness _____

Other _____

II Specify allergy to **drugs** (i.e. Penicillin, Insulin, etc.) or **foods**:

III. Is the student currently taking any medications? (Including anti- convulsive, antihistamine, insulin, and tranquilizers)

(Complete other side)

Medical Information Continued:

IV. Thoroughly discuss here and with the Band Director prior to each event the medication, the dosage, and the condition for which it is prescribed:

V. At no time is my child to take: _____ Aspirin, _____ Ibuprofen _____, or _____ Acetaminophen.

Statement of Authorization

The undersigned parent or legal guardian of _____, a minor, hereby authorizes the Band Director, and/or designated adult, to consent to any **emergency** medical or dental treatment to be rendered to said minor under the supervision and upon the advice of a physician, surgeon, or dentist licensed under the provisions of the California State Medical/Dental Practice Act. This authorization shall remain effective until July 1, 2026 or sooner if revoked by the undersigned in writing, or by the Band Director or any Administrator of Murrieta Valley High School, Murrieta, California.

Parent/ Guardian Signature _____ Date _____

Print Name and Relationship _____

Home Telephone _____ Alternate Telephone _____

Address _____ City/Zip _____

Family Physician _____ Telephone _____

Insurance Company _____ Policy Number _____

Other Contact Person(s) and Phone Number(s) _____
