



**Band Fans Parent Organization  
Horizon High School**

**2011-2012  
CHAPERONE PERMISSION FORM  
Consent and Authorization**

I, the undersigned, do voluntarily choose to participate in some or all of the following Band-sponsored events during the 2011-2012 school year:

- chaperone Band Camp
- chaperone home and away football game performances
- chaperone band competitions
- chaperone concerts and other performances

I understand that the school assumes no responsibility other than the exercise of prudent supervision.

I do hereby give and grant unto any available medical doctor or hospital, by consent and authorization, consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should I be injured or become ill while chaperoning in an authorized Band activity sponsored or sanctioned by the Horizon High School band program.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of a representative of the Horizon High School band program to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

**A photocopy of this authorization for care shall be as valid as the original document.** It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current 2011-2012 marching/concert season.

\_\_\_\_\_  
Chaperone - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chaperone - Print Name



**Band Fans Parent Organization  
Horizon High School**

**2011-2012  
DRUG / ALCOHOL / SMOKING POLICY**

This form must be signed before you can officially chaperone any band activity.

Band is a special part of your student's educational experience. Our collective goal is to make that experience as positive, educational, enjoyable and memorable as possible. Because the band spends so much time together, in such a variety of settings, we as adults/parents have a responsibility to model positive attitudes and behaviors. All students are required to sign a similar agreement.

**Any chaperone caught in the possession of or under the influence of drugs, alcohol, or tobacco during any band activity will be asked to remove themselves from the activity and will be removed from the chaperone roster.**

The responsibility for the safety of each student is one we take very seriously. We will not let one person's choices jeopardize the entire band. Please sign this form indicating that you have read and understand this policy. This form extends throughout the current 2011-2012 marching/concert season, which begins with HPR Band Camp.

Thank you,

Jason Harrison  
Band Director

Ed Tankersley  
President – Band Fans Parent Organization

\_\_\_\_\_  
Chaperone - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chaperone - Print Name



**Band Fans Parent Organization  
Horizon High School**

**2011-2012  
REQUEST FOR PERMISSION TO WAIVE INSURANCE REQUIREMENT**

This form must be completed before you are allowed to chaperone for any band-sponsored events during the 2011-2012 school year.

CHAPERONE NAME (please print): \_\_\_\_\_

I, the undersigned, do hereby understand that the Paradise Valley School District requires all persons participating in athletics, **in any school-sponsored off-campus activities**, or to be enrolled in any classes considered to be in hazardous subject areas such as shop, to be covered by an insurance program.

I acknowledge that I have been informed that I am required to be a member of PAWS (Horizon High School Boosters) for the insurance umbrella policy, and fully understanding and accepting all responsibility and absolving the School Board and the School District in lieu of any required insurance for myself. I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries while chaperoning for the 2011-2012 band events.

I am covered by the following insurance:

Name of Insurance Company \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insured \_\_\_\_\_

Address of Insured \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

My Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Is pre-certification required? \_\_\_\_ Yes \_\_\_\_ No If Yes, phone number \_\_\_\_\_

Insured or Authorized Person's Signature

Date

**IF YOU DO NOT HAVE INSURANCE**, check here  and sign at the bottom of this box

I, the undersigned, do hereby confirm with my signature below that I do not have insurance coverage. By signing below I acknowledge that I accept full responsibility for all expenses incurred of any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should I be injured or become ill while chaperoning an authorized Band activity sponsored or sanctioned by the Horizon High School Band.

Chaperone Signature

Print Name

Date



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**2011-2012  
CHAPERONE MEDICAL PERMISSION**

This chaperone medical form will be kept on file for the 2011-2012 marching/concert season.

Your Name \_\_\_\_\_

Your Student's Name (In Case Of Emergency) \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Primary Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Needs/Medications (Attach If Necessary) \_\_\_\_\_

Allergic To Any Medication? Yes No If Yes, Please Explain: \_\_\_\_\_

Food Allergies / Special Dietary Needs (e.g., Vegetarian) \_\_\_\_\_

Date Of Last Tetanus Shot (Required) \_\_\_\_\_

Permission to administer (check all that apply):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Tylenol   | <input type="checkbox"/> Antihistamine (colds/allergy) |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Dramamine                     |
| <input type="checkbox"/> Aspirin   | <input type="checkbox"/> Tums/Pepto-Bismol             |

I, the undersigned, do hereby understand that the school assumes no responsibility other than the exercise of prudent supervision. I have read and signed the Consent and Authorization form. I have read and provided the requested information above and on the insurance form.

\_\_\_\_\_  
Chaperone - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chaperone - Print Name

**VOLUNTEER AND/OR CHAPERONE APPLICATION**

Parent Stepparent Legal Guardian Grandparent Chaperone Community Coach

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Telephone Cell phone E-mail Address

School you wish to volunteer at: \_\_\_\_\_

Does your child attend this school? Yes No Child's first and last name \_\_\_\_\_

Have you previously been employed by Paradise Valley Schools? Yes No  
If so, indicate dates, location & position \_\_\_\_\_

Have you previously volunteered for Paradise Valley Schools? Yes No  
If so, indicate dates, location & position \_\_\_\_\_

Because of the tremendous responsibility Paradise Valley Unified School District has to its school children and community, the following information is required from all volunteers regarding convictions.\* A record of conviction does not prohibit volunteering; however, failure to complete this form accurately and completely can mean disqualification from becoming a volunteer, or can be cause for consideration for dismissal if accepted for volunteer service.

\*Conviction means the final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

**Carefully** read and answer the following questions:

Have you ever been convicted, pled guilty or "no contest" to any offense in a court of law? Yes No

Have you ever been convicted of a sex, alcohol or drug-related offense? Yes No

Have you ever been convicted of a dangerous crime against children as defined in ARS 13.604.01\*\*? Yes No

\*\*Crimes defined as second-degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

**If any of the questions above are answered Yes, please fill in the information below:**

Conviction charge: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Jail: Yes No Probation: Yes No Length: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Please read carefully & sign below in order to serve as a volunteer and/or chaperone**

I certify that the information presented in this application is true, accurate and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation, falsification or omission of pertinent facts will cause forfeiture on my part of all eligibility to serve as a volunteer and/or chaperone.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby acknowledge that I have received a copy of the Paradise Valley Unified School District Volunteer Handbook and that I have read and will abide by its contents and all other applicable Paradise Valley Unified School District policies and procedures.

I understand that, as a volunteer, I am not compensated for any services, including wages and insurance. I further understand that I have the right to terminate my arrangement at any time with or without cause, and the Paradise Valley Unified School District has a similar right.

I understand that each child is entitled to his or her privacy and agree to treat information regarding each child and teacher as confidential. I understand the importance of confidentiality and will keep all confidential matters confidential.

**CODE OF CONDUCT**

As a volunteer, I agree to abide by the following code of conduct:

1. Immediately upon arrival I will sign in at the front office or designated sign in station.
2. I will wear a volunteer identification badge at all times.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students without authorization of teachers and/or school authorities.
5. I will not solicit outside contact with students.
6. I agree not to exchange telephone numbers, home address, e-mail address (including social network information) with students for any purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers or school administrators.
8. I agree not to transport students.
9. I will not disclose, use or disseminate student photographs or personal information about students, self or others.
10. I agree not to post, transmit, publish or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
11. I agree not to photograph students.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

PRINTED Last name	First name	Middle initial
Signature	Date	

**Please return this form with the volunteer application. This form must be completed annually.**