



The Pride of Mayfield

Supporting Our Band Programs District Wide - Mayfieldbandboosters.org
6116 Wilson Mills Rd. (440)-995-6858
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HEY BAND!!! Friday, June 12th, we will be taking our yearly band trip to Cedar Point!

This trip is for current 9th-12th graders and any 8th grade students participating in Band next year. The cost is \$37.50 a person. Based on student interest, we have lined up 2 busses for the day (first come/first serve). We will meet in the Mayfield High School front parking lot and depart at 8am on busses. Once we arrive at Cedar Point, students will have the day to ride rides, catch shows, hang out, and purchase souvenirs! Parents, don't fear, we staff/chaperones will be having check-ins throughout the day! Students, we will depart from Cedar Point at 9:30pm on our busses and arrive back at MHS between 11pm and 11:30pm. Students and Parents, DOUBLE CHECK "Things to bring" and "Items to turn in"!!! Lastly, please read the back IN FULL and sign, the bottom of this page, acknowledging that you understand the rules, expectations, consequences.

ITEMS TO BRING:

- Comfortable clothes/shoes
- Change of clothes (you're doing water rides)
- Money for food, money for souvenirs, or money for a locker
- Sunglass, hats, and/or sunscreen
- Cell phones

ITEMS TO TURN IN BY MAY 15TH OR YOU CANNOT GO:

- The bottom of this form, completed
- \$37.50 payable to Mayfield Band Boosters
- A completed Emergency MedicalForm (attached)

CONSEQUENCES:

With the discretion of the directors, ANY BAND MEMBER(S) WHO BEHAVE IN ANY WAY THAT VIOLATES ANY SCHOOL, ORGANIZATIONAL, OR RESORT RULES WILL RESULT IN THE IMMEDIATE CONTACT TO PARENTS FOLLOWED BY ANY OF THE FOLLOWING:

1. Taken to the front of the park and wait for a ride from a parent.
2. Becoming a Staff/Chaperone's best friend and side-kick for the duration of the day.
3. Have the appropriate action taken by the school administration upon returning from the trip.
4. Be put in the custody of the local authorities for detainment and possible criminal/legal actions.

Parents - tear and turn in bottom portion, keep top portion

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*Parents - tear and turn in bottom portion, keep top portion*

I and my child have read the information stated in the Basic Trip Rules as well as the Emergency Medical Form (EMF) and Medications and agree to uphold all rules and expectations required. We understand the consequences and will accept the decisions made by the Directors.

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

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

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

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

\_\_\_\_\_  
**Student Signature**

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

\_\_\_\_\_  
**Student Cell**

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## Basic Trip Rules

1. All school rules as published in the Student Handbook will apply to the band when it travels on extensive trips. This applies to the district's policies when traveling as a group representative of the school concerning behavior, vandalism, theft, inappropriate media, possession or use controlled substances (including any medicines not listed on the Emergency Medical Form). Appropriate attire must be worn at all times.
2. No inappropriate displays of affection will be accepted.
3. When assigned to do so, students are expected to be with their chaperones.
4. Students are expected to be within the established perimeters of the park at all times.
5. Students will regard any instructions from chaperones. This especially applies to being where they have been asked to be on time. Any questions about directives may be checked with a director.
6. Students will be courteous of bus and park property. Theft, vandalism or any destruction of property will be reported to and handled by the local authorities.
7. Students are to be mindful of the schedule and when they are expected to be somewhere. Allow time to get where you need to be. Keep a watch (if you have one) and cell phone with you and be mindful of time.
8. The school district will not take responsibility for lost or damaged personal materials.
9. Breaking any rules will result in the appropriate consequences and will be enforced.

## Emergency Medical Form (EMF) and Medications

1. ALL students must turn in a NEW completed Emergency Medical Form (attached).
2. Please fill out as MUCH information as possible. We'd rather have extra information and papers than not enough.
3. ANY medication MUST be listed on the EMF (including non prescription/over-the-counter meds). We also ask that everyone please label their medications with their name.
4. THERE WILL BE NO SHARING OF MEDICATIONS, PRESCRIPTION OR NON PRESCRIPTION.
5. If a health problem develops, please notify the nearest chaperone or staff member.
6. If the student's medical condition worsens to a point at which he/she cannot physically participate with the group, for his/her benefit, we may contact a parent to come pick up their child. If the condition persists beyond our able care, we will seek local medical treatment (see back of Yellow Emergency Medical form).

## Phone Numbers to keep for emergency reference:

Mr. Oshaben           440-497-0185  
Mr. Fancher           440-497-0186



**INFORMATION CONCERNING STUDENT'S HEALTH**  
(Please Print)

Medical History: \_\_\_\_\_

Allergies (insect, food, medication, etc.) \_\_\_\_\_

Physical impairments that limit mobility \_\_\_\_\_

Medications taken (including dosage and times given): \_\_\_\_\_

Recent Illness \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_

Additional Information \_\_\_\_\_

- **Please Note: If your child would need to take any medication during a 24-hour period of "sheltering in place" please contact your school nurse to discuss this matter confidentially.**

**CHECK PART ONE OR PART TWO AND SIGN BELOW:**

**In the event that reasonable attempts to contact me (or the persons listed on this form) have been unsuccessful:**

**PART ONE: TO GRANT CONSENT**

**I grant consent.** I hereby give my consent for

Cedar Point to provide medical treatment if needed.

The transfer of the child to \_\_\_\_\_ the closest hospital relative to the injury sustained \_\_\_\_\_ or any hospital reasonably 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. This could also include treatment by EMS onsite.

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

\_\_\_\_\_  
Date

**PART TWO: REFUSAL TO GRANT CONSENT**

**I refuse to grant 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 no action or to:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

***I UNDERSTAND THAT I AM RESPONSIBLE FOR KEEPING ALL INFORMATION CURRENT AND CORRECT.***