

GUIDELINES FOR FIELD TRIPS

Field trips, tours, and excursions (hereinafter referred to as “trip”) require careful planning. They necessitate administrative and parental/guardian approval, suitable behavior for the occasion, and sufficient orientation to ensure the most effective learning outcomes. The trip should originate from a current unit of study and be appropriate for the age and maturity level of the group. Students should understand the field trip and what is to be learned. As soon as possible after the trip, the teacher should, with the students, review and evaluate the objectives of the trip.

Whenever possible, students should be transported in school or chartered buses that are bonded and insured transportation carriers. In certain situations when transporting small numbers of students, vans can be used if they meet the requirements of the Transportation Code. Specific questions should be directed to the transportation department.

If rented vehicles are used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. Rented trucks can be used to transport instruments or equipment when bands/orchestras and other groups are traveling. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or the person who leases a vehicle assumes all liability. School employees who rent vehicles on behalf of the district are covered under the district insurance policy. [See policy FMG (LOCAL)]

The campus administrator or instructional staff person/sponsor will determine the ratio of students per adult based on classroom/group needs. Instructional staff and chaperones are responsible for student safety and conduct while on the trip.

Field trips may be canceled at the discretion of the sponsor with prior approval of the principal for any of the following events or any other event, which could possibly jeopardize the safety, and security of the students and/or District employees including but not limited to:

- a. Unsafe conditions.
- b. Lack of funds.
- c. Natural disasters.
- d. Travel advisories issued for the geographical area.

“In-district and/or local trips” must be submitted to the **Campus Principal** for approval. Campuses will use the field trip proposal form and the bus requisition form or other travel forms for the approval process for any field trips. The trip proposal format must contain the following:

- a. Campus adopted proposal
- b. A plan for medical emergencies
- c. Medical health conditions for each student
- d. Bus requisition form

Trips that are out-of-state, out-of-country, and/or overnight or to any area where student safety is in question must be submitted in proposal format [see FMG (EXHIBIT)], which must contain, but not be limited to the following:

- a. A clearly defined instructional purpose for the trip.
- b. A defined student/chaperone supervision ratio sufficient to meet reasonable safety requirements.
- c. A full accounting of the cost of the activity to be managed out of the local campus budget or activity fund.

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- d. Documented pre-approved travel and transportation.
- e. A plan for medical emergencies.
- f. An explanation of any activity that may be hazardous and the safety procedures and precautions that will be taken to ensure student safety.
- g. A security plan for monitoring rooms during the night to ensure safety for participants.
- h. The request must be forwarded to the **Associate Superintendent of Instructional Leadership** or designee who will inform the Superintendent of Schools [see FMG (LOCAD)].

Teacher sponsor responsibilities for out-of-state, out-of-country, and/or overnight are as follows:

- a. Secure all approvals and notices prior to committing the District and collecting/raising funds. The school principal will forward the written request to the **Associate Superintendent of Instructional Leadership** or designee for approval for in state trips. Trips out of state will be forwarded on to the Superintendent. Trips out of the country also require permission of the Board of Trustees.
- b. Provide appropriate adult supervision. The ratio of students to chaperone will be determined by **Campus Principal**.
- c. Inform chaperones, in writing, and prior to the trip, of their full responsibilities while on the trip, including any special instructions, necessary for a successful trip.
- d. Secure parent/guardian permission (Parent/Guardian Approval Form) in writing and retain in the possession of the sponsor. Sponsors and students may be required to complete other forms if the trip is being sponsored by an organization.
- e. The sponsor must be aware of students on prescribed medication and must keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have a signed copy of the student's Physician/Parent Request for Administration of Medicine or Special Procedures by School Personnel, a copy of which may be obtained from the school nurse.
- f. Know what to do in the event of an accident or illness while on a trip. The teacher sponsor should:
 - Plan, with the school nurse, what to do in case of an accident or illness before leaving on the trip.
 - Render first aid for minor injuries, such as minor scrapes and cuts.
 - Call the local police department/emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, the sponsor or his/her adult designee must accompany the student and remain with the student until the Parent/Guardian arrives.
 - Notify 1.) Principal, and 2.) Parent/Guardian.
 - Not assume hospital costs. This is the responsibility of the Parent/Guardian.
 - Upon return, make a report of the accident to the Principal who will provide a copy to the school nurse and the **Associate Superintendent of Instructional Leadership**.
- g. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.

GUIDELINES FOR FIELD TRIPS

The following timeline will be followed when planning for field trips. Therefore, staff should plan accordingly when submitting documents for approval:

- Day trips - all required information must be submitted to the campus principal at least **two weeks** prior to planned activity. Trips out of the city of McAllen or trips paid from district level accounts should be forwarded on to the appropriate director or to the associate superintendent.
- Intra state field trips (overnight trips) – **four weeks** (Associate Superintendent of Instructional Leadership/Designee)
- Out of state field trips (overnight trips) – **four weeks** (Superintendent)
- Out-of-country field trips (overnight trips) – **four months** (Board of Trustees).

For each trip, the parent/guardian will be notified of the purpose of the trip and will complete the Parent/ Guardian Approval Form, which will be returned to the school prior to the event.

Parent permission is required as follows:

- a. For each trip, a permission form (Parent/Guardian Approval for Student Participation) is necessary. Teams or groups which submit identical travel requests such as a sports team may collect one permission form with the schedule attached.
- b. The Parent/Guardian Approval for Student Participation form should include the following information:
 - Purpose(s) of the trip
 - Place(s) to be visited
 - Means of transportation
 - Date
 - Time of departure and return
 - Parent or guardian signature

Upon request of the Principal, additional information may be provided to Parent/Guardian in writing for trips such as:

- The name of the teachers who will supervise the trip
- Responsibility of the students
- Cost, if any, to the student
- Special arrangements, if any
- Itinerary

Chaperones must be: District employees; or

Chaperones must adhere to established basic guidelines (Raptor System) for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as required by the school principal, sponsor, or designee.

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The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or to be involved in any illegal or immoral activity during the trip. [See FMG (EXHIBIT)]

The ratio of students to chaperones will be determined by the campus administrator.

Guidelines for Field Trips

Planning for the Field Trip Checklist

The following exhibits are used by the District:

- Exhibit - Excursion Checklist
- Exhibit - Form A (Overnight Trip) Proposal
- Exhibit - Form B (Day Trips) Proposal
- Exhibit - FORM C Parent Approval/Release Form
- Exhibit - Teacher Sponsor Responsibilities for Trips
- Exhibit - Day Trip Planning Guide
- Exhibit - Chaperone Statement Acknowledging Roles and Responsibilities FORM D (English/Spanish)
- Exhibit - Chaperone Duties (English/Spanish)
- Exhibit - Parent-Provided Transportation Form FORM E(English/Spanish)

Excursion Checklist

	<input type="checkbox"/> Overnight Field Trips/Excursion: <input type="checkbox"/> In State <input type="checkbox"/> Out of State <input type="checkbox"/> Out of the Country Form A	<input type="checkbox"/> Day trip <i>*Required for any school sponsored activity where <u>organized</u> travel occurs.</i> Form B
<i>Please submit all forms listed in section applicable to field trip.</i>	Submit four weeks in advance (Intrastate) Submit four months in advance (Out of Country/State)	Submit two weeks in advance
	<p>Pre-approval Process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fill out proposal Form A <input type="checkbox"/> Attach List of Student Participants <input type="checkbox"/> Attach proposed itinerary. <input type="checkbox"/> Submit packet for PRE-APPROVAL <ul style="list-style-type: none"> <input type="checkbox"/> Trip Coordinator <input type="checkbox"/> Principal <input type="checkbox"/> Assoc. Supt/Director (<i>in state</i>) <input type="checkbox"/> Supt. (<i>out of state only</i>) <input type="checkbox"/> Board of Trustees (<i>out of country only</i>) <p>Once above packet is approved:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit MISD Bus requisition form and/or <input type="checkbox"/> Submit MISD Travel Form with a copy of student participants attached (<i>as needed for district paid meals, charter buses, vans, or rental cars.</i>) and/or <input type="checkbox"/> Collect Parent Provided Transportation Permission Forms (<i>one per student</i>) (FORM E) <input type="checkbox"/> Parent Meeting Sign In Sheet <input type="checkbox"/> Parent Meeting Agenda <input type="checkbox"/> Parent/Guardian Approval/Release Forms (<i>one per student</i>) <input type="checkbox"/> Chaperones cleared criminal background check list from front office (<i>Use Raptor System</i>) <input type="checkbox"/> Chaperone Statement Form (FORM D) (<i>one each chaperone</i>) <input type="checkbox"/> Submit participants names to campus nurse for medical clearance. <p>** Submit <u>completed</u> packet to include: pre-approved Form A, list of participants, final itinerary, parent meeting sign-in and agenda, one completed copy of parent approval/release form (FORM C), list of approved chaperones, and all signed parent provided transportation forms (FORM D) (if applicable)for final signature.</p> <p>*** Approved completed travel packets <u>must be submitted to campus principal</u> prior to travel date.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule PD Dog run (632-8768)(24 hours in advance of trip) 	<p>Complete travel packet.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fill our proposal Form B. <input type="checkbox"/> Attach List of Student Participants. <input type="checkbox"/> Attach season schedule. (<i>Groups with identical travel needs over a season such as a soccer team may submit one packet for the season with season schedule attached</i>) <input type="checkbox"/> Attach <u>one</u> completed copy of Parent Approval/Release Form. (FORM C) <input type="checkbox"/> Attach <u>signed</u> parent provided transportation permission forms. (<i>as needed only if travel is by parent's personal vehicles</i>) (FORM E) <input type="checkbox"/> Submit this packet for approval. <ul style="list-style-type: none"> <input type="checkbox"/> Trip Coordinator Teacher/Coach <input type="checkbox"/> Principal <input type="checkbox"/> Assoc. Supt/Director (trips out of McAllen or funded beyond campus level) <p>After travel packet is approved:</p> <p>Mode of Transportation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MISD Bus Submit bus requisition form <i>with the above travel packet attached.</i> <input type="checkbox"/> All other forms of transportation Submit MISD travel form with a copy of student participants attached (<i>as needed for district paid meals, charter buses, vans, or rental cars</i>) Submit travel packet (above) to campus principal prior to traveling. <p>In addition trip sponsor should:</p> <p>Collect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent/Guardian Approval/Release Form (FORM C) from all students. (<i>These forms are kept by the trip sponsor and should be in the sponsors possession at all times during the trip.</i>) <p>* If chaperones are required collect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chaperones cleared criminal background check list from front office (<i>Use Raptor System</i>) <input type="checkbox"/> Signed Chaperone Statement form from each chaperone. (FORM D) <ul style="list-style-type: none"> <input type="checkbox"/> Schedule PD Dog run for travel beyond border patrol check points (632-8768) (24 hours in advance of trip)
Approval Path:	<p>FINAL APPROVAL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Superintendent or Designee 	<i>R 09/27/10 mb/nrt</i>



SCHOOL LEADERSHIP and ADMINISTRATIVE SERVICES DIVISION

Form B - DAY TRIPS

Please follow **Policy FMG (Local)** that pertains to school-sponsored trips, excursions, and tours, and District's field trip guidelines.

* attach a list of student names and a completed copy of the Parent Approval Release Form

**sports teams or UIL groups will complete one per season and attach season schedule

Campus: _____

Date: _____

DESTINATION/LOCATION: <i>(Place)</i>				TRIP DATE/S:							
CITY & STATE				DEPARTURE TIME:							
				RETURN TIME:							
GROUP TRAVELING:				TRIP SPONSOR CONTACT INFO: <i>(Name & Cell #)</i>							
LEARNING EXPECTATION: <i>(Instructional Purpose of the Trip)</i>											
NUMBER OF STUDENTS:	GRADES:	NUMBER OF FACULTY:	NUMBER OF CHAPERONES:								
FUNDING SOURCE: <i>(ex. General Operating, Activity Fund, Title I, Grant, etc.)</i>											
FUNDRAISERS:	TYPE:	DATES:									
STUDENT PAYMENT PLAN FOR TRIP:	<input type="checkbox"/> Yes	If yes, how much per student?									
	<input type="checkbox"/> No										
TOTAL COST OF TRIP:											
NEAREST MEDICAL FACILITY: <i>(NAME, ADDRESS, PHONE #)</i>											
UNIQUE POTENTIAL HAZARDS:	<p align="center">EMERGENCY PLAN</p> <table border="0"> <tr> <td>1. Plan with the school nurse</td> <td>4. Notify parent/guardian</td> </tr> <tr> <td>2. Render first aid for minor emergencies (include first aid kit)</td> <td>5. Contact school</td> </tr> <tr> <td>3. Call 911</td> <td>6. Provide written notice upon return</td> </tr> </table>					1. Plan with the school nurse	4. Notify parent/guardian	2. Render first aid for minor emergencies (include first aid kit)	5. Contact school	3. Call 911	6. Provide written notice upon return
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3. Call 911	6. Provide written notice upon return										
TRANSPORTATION:	AIRLINE:	BUS: (Circle one)	OTHER:								
		Charter									
		School									
REVIEWED: <i>(TRIP COORDINATOR/SPONSOR)</i>	SIGNATURE:			DATE:							
APPROVED: <i>(PRINCIPAL)</i>	SIGNATURE:			DATE:							
APPROVED OUT OF McALLEN OR FUNDING SOURCE ONLY: <i>(ASSOCIATE SUPT/DIRECTOR)</i>	SIGNATURE:			DATE:							

Day Trip Planning Guide

{Check off as you complete}

- Submit the trip packet to campus principal for approval **two weeks** prior to scheduling the trip.
- Notify nurse about the trip in advance.
- Notify cafeteria manager about lunch requests. (Even if you are not going to request lunch bags)/special diets.
- Submit bus requests or travel forms with trip packet attached. (**must be submitted 7 days prior to event**)
- Create and submit (office clerk) a list of students **not going** on the trip and whom they are staying with (teacher in another grade).
- Send out and account for all permission slips. Take all permission slips with you in a folder.
- Do **NOT** allow for parental permission over the phone.
- Only school employees or authorized chaperones may ride the MISD bus or chartered buses.**
- Remind parents that if they are going on the field trip as chaperones—they cannot take any other children (younger siblings not enrolled in school).
- Remind parents that they may not take another child (who is enrolled in another grade level) on a field trip with a brother or a sister in another grade level.
- Account for bus driver(s) (Entry Fee and Lunch).
- Remind parents that if they wish to take their child home (in their own vehicle) from the field trip –they must fill out Parent-Providing Transportation.
- Work with Secretary/Bookkeeper on preparing checks (for entry fees, restaurants etc.) one week ahead of time.
- Account for all Special Education students in your grade level.
- Requisitions for Special Transportation buses need to be submitted for Special Education students requiring special transportation or students who are temporarily on wheel chairs or other assistive devices for mobility—unless otherwise cleared by administration.
- Buses must be back at school by 2:30 p.m., unless prior approval was granted by an administrator and it was noted/included on the permission slip.

Chaperones:

All Classroom Teachers can serve as sponsors/chaperones for any field trip. Below is a list of individuals who qualify to be a chaperone on any of the upcoming field trips. Staff will be assigned by the principal.

- a. Administration
- b. Counselors
- c. Support Staff (Literacy Coach, Special Ed. Staff, Coaches, etc.)
- d. Nurse
- e. Parents who have been checked through the Raptor system and have a signed parent statement form turned in to sponsor.

9/27/2010

TEACHER SPONSOR RESPONSIBILITIES FOR TRIPS

TEACHER SPONSOR RESPONSIBILITIES ARE AS FOLLOWS:

1. Secure all approvals prior to committing the district and collecting/raising funds.
2. Submit requisitions and travel forms as needed.
3. Provide appropriate adult supervision. The Campus Principal or instructional staff person/sponsor will determine the ratio of students per adult based on classroom/group needs.
4. Inform Chaperones, in writing, and prior to the trip, of their full responsibilities while on the trip, including any special instructions, necessary for a successful trip.
5. Secure Parent/Guardian permission (Parent/Guardian approval for student participation form) in writing and retain in the possession of the sponsor. Sponsors and students may be required to complete other forms if the trip is being sponsored by an organization.
6. The sponsor must be aware of students on prescribed medication and must keep and monitor the administration of the prescribed medication while on the trip. The sponsor must have signed copy of the student's physician/ parent request for administration of medicine or special procedures by school personnel, a copy of which may be obtained from the school nurse.
7. Know what to do in the event of an accident or illness while on trip. The teacher sponsor should:
 - a. Plan, with the school nurse, what to do in case of an accident or illness before leaving on the trip.
 - b. Render first aid for minor injuries, such as minor scrapes and cuts.
 - c. Call the local police department/ emergency medical service for more serious injuries. If the emergency medical service transports the student to the hospital, the sponsor of his/her adult designee must accompany the student and remain with the student until the Parent/Guardian arrives.
 - i. Notify the parent/ guardian and principal.
 - ii. Not assume hospital costs. This is the responsibility of the Parent/Guardian.
 - iii. Upon return, make a report of the accident to the Principal who will provide a copy to the school nurse and the Associate Superintendent.
8. Frequently count the number of students, such as when the group arrives and departs from each activity. Implement a buddy system for use throughout the entire trip.

Parent Approval/Release Form

Form C

Student's Name: _____ **Grade:** _____

Trip Date: _____ **Destination:** _____

I, the undersigned parent/guardian of _____, do hereby authorize my child to participate in a field trip. I am aware the field trip requires travel inside and/or outside of the City of McAllen and I have been informed of the details regarding the field trip, including the destination(s), mode(s) of transportation, name(s) of adult chaperones, and time and place of departure and return. I understand that during this field trip, my child will be under the direction and general supervision of the _____ (school) and adult chaperones selected by school representatives, and that my child is subject to discipline for his/her conduct during the trip.

MEDICAL RELEASE

In the event my child needs medical attention during the field trip, I hereby give my permission to _____ (school) representatives for the trip to take my child to a physician, hospital, or other medical institution for treatment. I expressly authorize any and all medical treatment, which a physician determines necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment to my child. I understand and agree that I, and/or my child's other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child unless it is a UIL related injury and that the _____ (school) representatives for the field trip are not responsible for such expenses.

In addition, I authorize _____ (school) representatives for the field trip to administer/dispense the prescription and/or non-prescription medications indicated on this form to my child as appropriate. I understand that I must complete this form and provide to school representatives any medications I want administered/dispensed to my child during the field trip in order for such medications to be administered/dispensed.

Medical condition(s) (including allergies) that may affect student during field trip:

MEDICATIONS: List any medications that the student is to take while on the field trip, the instructions for administration of each medication, and the medical condition for which the medication is needed.

Medication	Instructions	Medical Condition

(TURN OVER & COMPLETE BACK OF FORM)

9/27/2010

Custodial Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Custodial Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Name of Emergency Contact (*in case I cannot be reached*): _____

Phone #(s): _____

Health Insurance Co. _____

Policy #: _____

Dated this ___ day of _____, 2010.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____



**PRO-FORMA DE AUTORIZACION PARA SERVICIOS MEDICOS PARA
PADRES/TUTORES LEGALES**

Forma C

Nombre del estudiante: _____ Grado: _____

Fecha del viaje de estudios _____ Destino: _____

Yo, _____, siendo el padre/tutor legal y cuya firma aparece debajo, autorizo por medio de este documento que mi hijo(a) participe en un viaje de estudios. Me doy por enterado de que el viaje de estudios requiere traslados dentro y/o fuera de la Ciudad de McAllen y he sido informado de los detalles del viaje de estudios, incluyendo el destino (s), el medio (s) de transporte, el nombre (s) de los acompañantes de los estudiantes, la hora y el lugar de salida y regreso del mismo. Estoy enterado que durante este viaje de estudios, mi hijo(a) estará bajo la dirección y la supervisión general de _____ (escuela) y de los acompañantes de los estudiantes seleccionados por los representantes escolares, y que mi hijo(a) esta sujeto(a) a alineaciones de comportamiento y buena conducta durante dicho viaje.

AUTORIZACION PARA SERVICIOS MEDICOS

En caso que mi hijo(a) necesitara atención médica durante este viaje de estudios, yo por la presente doy mi permiso a _____ (escuela) y a los representantes de dicho viaje para trasladar a mi hijo(a) a un médico, hospital, u otra institución médica para su tratamiento. Autorizo completamente cualquier tipo de tratamiento médico que el médico determine necesario. Comprendo que tal vez no pueda ser posible localizarme antes de la aplicación del tratamiento médico a mi hijo(a). Comprendo y acuerdo que yo, y/o mi hijo(a) y otro padre (s) /tutores legales, somos responsables de todos los gastos médicos contratados durante la atención a mi hijo(a) al menos que la lesión sea adquirida durante un viaje de UIL y que _____ (escuela) y los representantes del viaje de estudio no sean responsables de dichos gastos.

Además, autorizo a los representantes de _____ (escuela) durante dicho viaje de estudios que administren/distribuyan la receta medica y/o medicinas sin receta indicadas al final de esta forma a mi hijo(a). Comprendo que debo completar esta forma y proporcionar a los representantes la información necesaria acerca de cualquier medicina que sea le vaya a administrar/distribuir a mi hijo(a) durante el viaje de estudios.

Las condiciones médicas (inclusive alergias) que pueden afectar al estudiante durante este viaje de estudios son: _____

(Completar la forma al reverso)

Medicamentos: Enliste cualquier medicina que el estudiante deba tomar durante el viaje de estudios. Favor de indicar las instrucciones a seguir con cada medicamento y de la razón médica por la cual este medicamento debe ser aplicado.

Medicina	Instrucciones	Razón Médica

Nombre del Padre/Tutor Legal: _____

Teléfono en casa: _____ Teléfono Celular: _____

Nombre del Padre/Tutor Legal: _____

Teléfono en casa: _____ Teléfono Celular: _____

Nombre de un contacto en caso de emergencia (en caso de que yo no pueda ser localizado):

_____ Números Telefónicos: _____

Nombre de la compañía de seguro medico en caso de enfermedad _____

Número de póliza: _____

Documento Fechado en el día _____ de _____, del 20 ____.

Nombre del Padre/Tutor Legal (letra de molde): _____

Firma del Padre/Tutor Legal: _____

9/27/2010



James J. Ponce, Ed.D.
Superintendent of Schools

**CHAPERONE STATEMENT
ACKNOWLEDGING RESPONSIBILITIES AND DUTIES
(FORM D)**

DISTRICT EMPLOYEE AND/OR OTHER:

I, _____ chaperone of:

Full Name

Field Trip

Destination

Day/Dates

Have read and understand all the responsibilities and duties as chaperone. I have accepted these responsibilities.

Signature

Date

Witness (*Principal, Sponsor and/or designee*)

Attach Raptor clearance
sticker here.

Fulfilling Our Promise

9/27/2010



James J. Ponce, Ed.D.
Superintendent of Schools

**DECLARACIÓN DE ACOMPAÑANTE DE ESTUDIANTE(S)
RECONOCIENDO SUS RESPONSABILIDADES Y DEBERES
(FORM D)**

EMPLEADOS DEL DISTRITO O ADULTOS ACOMPAÑANTES:

Yo, _____ acompañante de:

Nombre Completo

Viaje de Estudio

Destino

Día/Fechas

He leído y entiendo todas las responsabilidades y deberes como el acompañante de estudiante(s). He aceptado estas responsabilidades.

Firma

Fecha

Testigo (*Director(a), Patrocinador y/o persona designada*)

Pegue la etiqueta de
autorización de
Raptor aquí.

Fulfilling Our Promise



James J. Ponce, Ed.D.
Superintendent of Schools

CHAPERONE DUTIES AND RESPONSIBILITIES

CHAPERONES SHALL BE:

DISTRICT EMPLOYEES OR

ANY OTHER ADULT APPROVED BY THE PRINCIPAL AND SPONSOR OF THE FIELD TRIP WHO MEETS THE ELIGIBILITY REQUIREMENTS TO VOLUNTEER IN THE DISTRICT BEFORE THE TRIP IS SCHEDULED FOR DEPARTURE, INCLUDING A CRIMINAL BACKGROUND CHECK. (NOTE- A 'CLEARED' CRIMINAL BACKGROUND CHECK THRU YOUR CAMPUS RAPTOR SYSTEM IS REQUIRED OF ALL SCHOOL VOLUNTEERS AND NON- EMPLOYEE CHAPERONES.

THE PRIMARY REASON FOR THE CHAPERONES IS:

- **TO SUPERVISE A GROUP OF STUDENTS,**
- **RESPONSIBLE FOR STUDENTS,**
- **ARE EXPECTED TO STAY WITH THEIR ASSIGNED GROUP,**
- **MONITOR THEIR BEHAVIOR FOR THE ENTIRE FIELD TRIP FROM DEPARTURE TIME UNTIL THEY RETURN TO SCHOOL**

CHAPERONES SHALL ADHERE TO ESTABLISHED BASIC GUIDELINES FOR DISTRICT-SPONSORED FUNCTIONS AND ADDITIONAL GUIDELINES AS MAY BE DEVELOPMENT BY THE INDIVIDUAL SCHOOL. CHAPERONES ARE RESPONSIBLE FOR ATTENDING ANY DESIGNATED INFORMATION OR PROCEDURAL MEETING PRIOR TO AND DURING THE FIELD TRIP AS ARE REQUIRED BY THE SCHOOL PRINCIPAL SPONSOR OR DESIGNEE.

CHAPERONES SHALL SIGN A FORM ACKNOWLEDGING THEIR RESPONSIBILITIES AS A CHAPERONE AND SHALL NOT BE ALLOWED TO SMOKE. USE TOBACCO PRODUCTS OF ANY TYPE, CONSUME ALCOHOLIC BEVERAGE OR ILLEGAL DRUGS OR TO BE INVOLVED IN ANY ILLEGAL OR IMMORAL ACTIVITY DURING THE TRIP.

THE CAMPUS ADMINISTRATOR OR INSTRUCTIONAL STAFF PERSON/SPONSOR WILL DETERMINE THE RATIO OF STUDENTS PER ADULT BASED ON CLASSROOM GROUP NEEDS.

Fulfilling Our Promise

DEBERES DE ACOMPAÑANTE DE ESTUDIANTE(S) Y RESPONSABILIDADES

LOS ACOMPAÑANTES DE ESTUDIANTE(S) SERÁN:

EMPLEADOS DEL DISTRITO O

CUALQUIER OTRO ADULTO APROBADO POR EL DIRECTOR(A) Y EL PATROCINADOR DEL VIAJE DE ESTUDIOS QUE LLENE LOS REQUISITOS DE ELEGIBILIDAD DE VOLUNTARIO PARA EL DISTRITO ANTES DE QUE EL VIAJE ESTE PROGRAMADO PARA SU SALIDA, INCLUYENDO UNA REVISION DE ANTECEDENTES CRIMINALES. (NOTA - SE REQUIERE UNA REVISION DE ANTECEDENTES CRIMINALES 'APROBADO' SE UTILIZARA EL SYSTEMA RAPTOR DE LA ESCUELA, DE TODOS LOS VOLUNTARIOS ESCOLARES Y ACOMPAÑANTES DE ESTUDIANTE(S) QUE NO SEAN EMPLEADOS POR EL DISTRITO.

LA RAZÓN PRINCIPAL DE LOS ACOMPAÑANTES DE ESTUDIANTE(S) ES:

- SUPERVISAR A UN GRUPO DE ESTUDIANTES,
- RESPONSABLES DE LOS ESTUDIANTES,
- SE ESPERA QUE SE QUEDEN CON SU GRUPO ASIGNADO,
- SUPERVISEN SU COMPORTAMIENTO DURANTE TODO EL VIAJE DE ESTUDIOS A PARTIR DEL TIEMPO DE SALIDA HASTA QUE ELLOS REGRESEN A LA ESCUELA.

LOS ACOMPAÑANTES DE ESTUDIANTE(S) SE ADHERIRÁN A PAUTAS BÁSICAS ESTABLECIDAS PARA EL DISTRITO - FUNCIONES PATROCINADAS Y PAUTAS ADICIONALES COMO PUEDEN SER DESARROLLADAS POR LA ESCUELA INDIVIDUAL. LOS ACOMPAÑANTES DE ESTUDIANTE(S) SON RESPONSABLES DE ASISTIR A CUALQUIER INFORMACIÓN DESIGNADA O REUNIÓN PROCESAL ANTES DE Y DURANTE EL VIAJE DE ESTUDIOS COMO SEAN REQUERIDOS POR EL DIRECTOR(A) ESCOLAR. PATROCINADOR, O PERSONA DESIGNADA.

LOS ACOMPAÑANTES DE ESTUDIANTE(S) FIRMARÁN UNA FORMA DONDE RECONOCE SUS RESPONSABILIDADES COMO UN ACOMPAÑANTE DE ESTUDIANTE(S) Y NO SE LE PERMITIRA FUMAR. UTILIZAR PRODUCTOS DE TABACO DE CUALQUIER TIPO, CONSUMIR BEBIDAS ALCOHÓLICAS O DROGAS ILEGALES. O ESTAR INVOLUCRADO EN CUALQUIER ACTIVIDAD ILEGAL O INMORAL DURANTE EL VIAJE. (OBJETO EXPUESTO de FMG)

LA PROPORCIÓN DE ESTUDIANTES A ACOMPAÑANTES DE ESTUDIANTES SERÁ DETERMINADA POR EL/LA DIRECTORA.

EL ADMINISTRADOR O EL PERSONAL EDUCACIONAL PERSON/SPONSOR DEL CAMPUS DETERMINARÁ EL COCIENTE DE ESTUDIANTES POR EL ADULTO BASADO EN NECESIDADES DE CLASSROOM GROUP.

Fulfilling Our Promise



**McALLEN INDEPENDENT SCHOOL DISTRICT
PARENT-PROVIDED TRANSPORTATION FORM
FORM E**

We (I) are the parents (legal guardians) of _____, a child enrolled in the McAllen Independent School District.

We (I) hereby grant permission for the student named above to travel from _____ to _____ on date(s) _____ with (name of vehicle owner/operator): _____.

Each student and his/her parent or guardian agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the student arising from, based upon or relating to the student's participation in the field trip. Each student and his/her parent or guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself.

We (I) hereby waive, release, and discharge the McAllen Independent School District, its Trustees, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the McAllen Independent School District and its employees from all claims for loss, damage, or injury sustained by us (me) or by our (my) child.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____
(if 18 years of age or over)

9/27/2010



DISTRITO ESCOLAR INDEPENDIENTE DE MCALLEN

FORMA DE TRANSPORTE PROPORCIONADA POR PADRE

FORM E

Nosotros (Yo) somos los padres (guardianes legales) de _____,
un niño matriculado en el Distrito Escolar Independiente de McAllen.

Nosotros (Yo) por este medio doy permiso para que el estudiante nombrado anteriormente viaje
de _____ a _____ en la(s)
fecha(s) _____ con (nombre del dueño/operador de vehículo): _____.

Cada estudiante y su padre o guardián están de acuerdo en asumir todo riesgo de y
responsabilidad por daño personal o muerte a, o daño a o pérdida de la propiedad de, el
estudiante que provenga de, basado sobre o todo lo relacionado de la participación del estudiante
en el viaje de estudios. Cada estudiante y su padre o guardián entienden y están de acuerdo que,
en caso de cualquier lesión al estudiante, el Distrito no será responsable de ninguna decisión
relacionada con el tratamiento médico para el estudiante o por dicho tratamiento en sí mismo.

Nosotros (Yo) por este medio renunciamos, liberamos, y eximimos al Distrito Escolar
Independiente de McAllen, a la mesa directiva, oficiales, y empleados de cualquier reclamo,
demanda, o causa de la acción que provenga de la transportación aquí proporcionada y
consentimos en indemnizar y aguardar de perjudicar al Distrito Escolar Independiente de
McAllen y sus empleados de todo reclamo por perdida, daño, o lesiones contraídas por nosotros
(mi) o por nuestro (mi) niño.

Firma del Padre/Guardián _____ Date _____

Firma del Estudiante _____ Date _____
(Si tiene 18 años o más)

9/27/2010

	<p style="text-align: center;"><input type="checkbox"/> UIL Sanctioned Athletic Event</p> <p style="text-align: center;">Day and/or Overnight Trip</p>	
<p><i>Please submit all forms listed in section applicable to field trip.</i></p>	<p style="text-align: center;">SUBMIT TWO WEEKS IN ADVANCE</p> <p>I. FILED WITH CAMPUS TRAINER (At the beginning of each athletic sport) AND IN THE HANDS OF EVERY COACH/SPONSOR WHO TRAVELS WITH STUDENT PARTICIPANTS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current MISD Athletic Participation Packet (Forms F, F1, F2 & F3) <input type="checkbox"/> Current List of Participants <input type="checkbox"/> Season Schedule <input type="checkbox"/> Itinerary/Schedule of Events (overnight only) <input type="checkbox"/> Copy of Bus Requisition <p>II. SUBMIT TO DIRECTOR OF ATHLETICS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MISD Bus Requisition <input type="checkbox"/> MISD Travel Requisition (as needed) <input type="checkbox"/> Form H Athletic Department Student/Sponsor Form (as needed) <input type="checkbox"/> Form E (as needed only if travel is by parent's personal vehicle) <input type="checkbox"/> Parent/Booster Club Meeting Agenda's and Sign-In Sheets <p>*If chaperones are required collect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chaperones cleared criminal background check list from front office (use Raptor System) <input type="checkbox"/> Signed Chaperone statement form from each chaperone Form D <p>III. SCHEDULE M.I.S.D. POLICE DEPARTMENT DOG RUN (for travel beyond Border Patrol Check Points) CONTACT 24 HOURS IN ADVANCE (956) 632-8768</p>	
<p>Approval Path:</p>	<p>FINAL APPROVAL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Director of Athletics 	

McAllen Independent School District Athletic Participation Form

Please print

Name: _____ Date of Birth: _____ Student ID# _____

School: _____ Grade: _____ Sport(s): _____

Parents'/Guardians' Names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

Emergency Information

Allergies: _____ None
If yes, please list:

Personal Insurance Information:

_____ This student IS NOT COVERED by any type of health insurance.

_____ This student IS COVERED by personal health insurance.

Company: _____

Policy Holder: _____

Insurance Co. Phone # _____

Medical History

Do you have a family history of any of the following?

- Heart Disease
- Heart Murmur
- High Blood Pressure
- Diabetes
- Asthma. If yes, what type of inhaler is used?

- Head Injury/Concussion

Over the Counter Medications (OTC's)

The following is a list of OTC medications available to your child on request. The athletic trainer will use their discretion when dispensing OTCs. All OTCs are to be used as directed unless directed otherwise by a physician. If you have any questions regarding the use of OTC medication, please contact the athletic trainers.

Please check any product(s) that you **DO NOT** want given to your child.

- Ibuprofen ie. Advil (for pain and inflammation)
- Acetaminophen ie. Tylenol (for pain and fever)
- Benadryl (for allergic reaction)
- Chloraseptic throat spray/Lozenges
- Antacid (Heartburn)
- Pepto Bismol/Imodium (for upset stomach, diarrhea)

If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

Parent/Guardian Signature: _____ Date: _____

McAllen Independent School District Athletic Department

Insurance Information for Parents

The McAllen ISD provides student athletes with limited accident insurance while they are participating in any school sponsored UIL event. This does not cover injuries sustained at home, during regular school time, or during PE classes. It is very important that everyone knows and understands the facts regarding this insurance policy. Any questions should be directed to the school athletic trainer or the school athletic department.

• **If you have primary insurance covering your child, you will need to file a claim with them BEFORE the school insurance will consider the claim.** You will be responsible for following the procedures of your personal insurance before the school insurance will begin processing the claim.

• If you **DO NOT** have an insurance policy covering your child, the school district's accident insurance policy will become your primary policy. There are limits to this policy and you will be responsible for any remaining balances to the providers. **Note: It is illegal for any public school to pay for any medical bills. The parents or guardians are responsible for any remaining balances after insurance has paid.**

• If your child is injured during athletics, the following procedures should be followed in order to provide optimal service and minimal delay regarding insurance claim considerations:

1. First, your child should see the athletic trainer or coach immediately after an injury occurs.
2. Second, if your child needs medical attention beyond the school's care, the athletic trainer or coach will fill out an injury claim form to be on file with the school's athletic insurance.
3. Complete your portion of the school claim form completely and take the form to the provider in addition to filing with your primary insurance. Every provider needs a copy of the school's claim form, so ask the provider to make several copies.
4. If for some reason an emergency arises and your child needs medical attention immediately, the claim form can be obtained and completed after the situation is under control. Your child's health and safety is our first priority. Paperwork is secondary in an emergency.
5. Lastly, and most importantly, if you have any questions or concerns regarding the care given to your child, the insurance process, or any other matter, call the athletic trainer or coach so any questionable information can be explained.

Hazing Policy

McAllen ISD prohibits hazing. Hazing means any intentional, knowing, or reckless act directed against a student, by one person alone or acting with others, that endangers the mental or physical health or the safety of a student for the purpose of being initiated into, affiliating with, holding office in or maintaining membership in any organization whose members are or include other students. The term includes but is not limited to:

1. Any type of physical brutality, such as whipping, beating, striking, branding, electronic shocking, placing of a harmful substance on the body, or similar activity.
2. Any type of physical activity, such as sleep deprivation, exposure to the elements, confinement in a small space, calisthenics, or other activity that subjects the student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of the student.
3. Any activity involving consumption of food, liquid, or alcoholic beverage, liquor, drug, or other substance that subjects the student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of the student.
4. Any activity that intimidates or threatens the student with ostracism, that subjects the student to extreme mental stress, shame, or humiliation, or that adversely affects the mental health or dignity of the student or discourages the student from remaining registered in a district school, or that may reasonably be expected to cause a student to leave the organization or the school rather than submit to acts described above.
5. Any activity that induces, causes, or requires the student to perform a duty or task that involves a violation of the Penal Code.

The following actions shall be included in the offense of hazing; students who commit any of them violate District policy and are also subject to criminal prosecution:

1. Engaging in hazing.
2. Soliciting, encouraging, directing, aiding, and attempting to aid another in engaging in hazing.
3. Intentionally, knowingly, or recklessly permitting hazing to occur
4. Having firsthand knowledge of the planning of a specific hazing incident involving a student or firsthand knowledge that a specific hazing incident has occurred, and knowingly failing to report that knowledge in writing to the principal, superintendent or designee.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____ concussion?			Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period?		_____
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?		_____
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?		_____
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?		_____
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?		_____
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

- | | | | | | |
|---|--|-----------------------------------|--|--|------------------------------------|
| To the Parent: | <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| Check any activity in which this | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field | |
| student is allowed to participate. | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball | |

Date _____

Signature of parent or guardian _____

Street address _____

City/State/Zip _____

Home area code and telephone _____

Business telephone _____

The student's signature is required on the reverse side of this form.

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.
- **I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student



**Parent and Student Agreement/Acknowledgement Form
Anabolic Steroid Use and Random Steroid Testing**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

McALLEN INDEPENDENT SCHOOL DISTRICT
HOTEL LIST
Form G

CAMPUS _____

SPORT _____

HOTEL NAME _____

OF NIGHTS _____

Hotel Address: _____

Hotel Phone # : _____

Estimated time of arrival: _____

Estimated time of departure: _____

Please fill this form out carefully. Note if any guests are under (17) seventeen years of age. Indicate your preference for each room by circling "S" for SMOKING or "N" for NONSMOKING. (This request is subject to availability). If your reservation is for more rooms than space allows please photocopy the second page and continue in the same fashion. Mail your rooming list to the inn by the required deadline.

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

ROOM# _____ S or N
NAME _____

TRAVEL # _____

Mc ALLEN I.S.D. ATHLETIC DEPARTMENT
Student/Sponsor List
Form H

CAMPUS: _____ SPORT: _____

GAME SITE: _____ DATE OF TRIP: _____

NAME (circle alternate)

NAME (circle alternate)

1. _____

18. _____

2. _____

19. _____

3. _____

20. _____

4. _____

21. _____

5. _____

22. _____

6. _____

23. _____

7. _____

24. _____

8. _____

25. _____

9. _____

26. _____

10. _____

27. _____

11. _____

28. _____

12. _____

29. _____

13. _____

30. _____

14. _____

31. _____

15. _____

32. _____

16. _____

33. _____

17. _____

34. _____

BUS DRIVER / COACH

BUS DRIVER / COACH

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____