

Ross-Brown Beginning Honor Band

Dear parents and guardians,

What is happening at Paint Valley Middle School?

Paint Valley Middle School is hosting an honor band geared for beginning and second year band students. It will be on **April 14th** at Paint Valley Middle/High School. Students selected for the honor band would need to arrive at Paint Valley at **8:00am for registration**. The concert would be that same day in the Paint Valley Middle School gym at 3:30pm. The **registration fee is \$20** to help cover the cost of lunch and the guest conductors.

What is an honor band?

An honor band is a composite ensemble made up of top players from schools in a certain location. There are county, district, regional, and state honor bands each pulling upon a larger pool to select the top 60-or-so players that make up the Honor Band. (The Ross-Brown Honor Band is a smaller, local community honor band.)

For most honor bands, students interested audition on a required piece of literature and other technical passages. Then, if a student is selected, the student is mailed their part assignment and begins practicing. The morning of the concert, or sometimes the day before, the student arrives for an all day rehearsal with all of the other students from other schools who were selected and a prestigious conductor the honor band committee has selected. (The Ross-Brown Honor Band is not based off of audition, but instead director recommendation. It is also held all on one day, April 14th.)

The student experience is about as exciting as it gets. The best players from schools all around the area gather one day with complete focus, under the direction of a top of the line music educator to put on a concert. And, because all of the students practice beforehand and already know the music, the director can dive into advanced musical concepts greatly advancing the student. Honor band provides an experience and learning opportunity that a regular school band class just cannot provide. I highly recommend participating to all of those interested.

Student's Name: _____

Instrument: _____

My student may participate in the Ross-Brown Beginning Honor Band.

I can provide transportation to and from Paint Valley MS on April 14th.

I acknowledge and will pay the \$20 registration fee if nominated to participate in the Ross-Brown Beginning Honor Band.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Due by Thursday, March 9th



Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under OMEA authority, when parents or guardians cannot be reached.

Student Name _____	Phone # _____
Address _____	School District _____
_____	School Attending _____
Birth Date _____ Sex M F	Grade _____
Handicap or Disability _____	
Please describe any special needs: _____	

Residential Parent or Guardian

Mother _____	Day Ph # _____	Cell # _____
_____	Email _____	Pager # _____
Father _____	Day Ph # _____	Cell # _____
_____	Email _____	Pager # _____
Other Name _____	Day Ph # _____	
Name of Relative or Childcare Provider _____		
Address _____	Phone # _____	
_____	Relationship _____	

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____	Phone # _____
Dentist _____	Phone # _____
Medical Specialist _____	Phone # _____
Hospital _____	Phone # _____

PLEASE COMPLETE PART I OR PART II—NOT BOTH

Part I—To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____ Parent or Guardian Signature _____

Address _____

Part II—Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the OMEA authorities to take no action or to: _____

Date _____ Parent or Guardian Signature _____

Address _____