

JOHN M. HARLAN HIGH SCHOOL BAND

JUNE MEETING DOCUMENTS



<https://www.harlanhawkband.org>

X Student ID # _____

This form may **ONLY** be returned to a **HS Staff Athletic Trainer** or **MS Head Coach** when completed.
This form must be on file prior to participation in any practice, scrimmage or contest before, during or after school.

Student Name LAST _____ Student Name FIRST _____ Grade 20-21 school year _____ Date of Birth _____

Student Address (Street, City, Zip Code) _____ Student Phone _____ Age _____ Sex _____

In case of Emergency contact:

Name _____ Relationship _____ Phone _____ Cell Phone _____

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.

Explain "Yes" answers in the box below**
Circle questions to which you do not know the answer

	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"/>	* If yes, complete both sides of the Asthma Action Form		
3 Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain 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"/>
Do you get tired more quickly than your friends do during 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"/>
Have you ever had racing of your heart or skipped heartbeats?	<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 had high blood pressure or high cholesterol?	<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 ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
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 <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
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"/>			
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<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"/>
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	17 Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	18 Have you ever been diagnosed with or treated for sickle cell trait or sickle cell diseases?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times?			Females only		
When was the last concussion?	<input type="checkbox"/>	<input type="checkbox"/>	19 When was your first menstrual period?		
How severe was each one? (Explain below)			When was your most recent menstrual period?		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>			
5 Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain and ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. 2019 HB 76 I understand it is the responsibility of my family to schedule and pay for an ECG. **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)		
6 Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
8 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
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 high 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.

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

Any yes answer to questions, 1, 2, 3, 4, 5 or 6, may require further medical evaluation, which may include a physical exam. The written clearance from a Physician, Physician Assistant, Chiropractor, or Nurse Practitioner is required before any participation in UIL practices, games or matches.

For School Use only:

Athletic Trainers Signature: _____

Date: _____

Feb 4, 2020

PRE-PARTICIPATION 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			
Appearances			
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/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

Physical Examination must be performed and signed on or after April 1, 2020 to be valid for participation in sports.

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: _____

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

Feb 4, 2020

Name: _____

Date of Birth: _____

School: _____

ASTHMA MEDICINE PLAN



You can use the colors of a traffic light to help learn about your asthma medicines.

1. **GREEN** means **GO**. Use your prevention medicines every day.
2. **YELLOW** means **CAUTION**. Use quick-relief medicine.
3. **RED** means **DANGER**! Use extra medicines and call your doctor **NOW**!



GREEN means GO!!!!

USE PREVENTION MEDICINES EVERY DAY

- * Breathing is good.
- * No cough or wheeze.
- * Can work and play.

☐ Not Applicable (no prevention medicines)

Medicine

How much to take

Times

Circle One

with spacer

Home/School

Home/School

Home/School

****20 minutes before sports, use this medicine:**

YELLOW means CAUTION!!!!

START TAKING QUICK-RELIEF MEDICINE

1. KEEP TAKING GREEN ZONE MEDICINES.
2. START TAKING QUICK-RELIEF MEDICINE TO KEEP AN ASTHMA ATTACK FROM GETTING BAD.

Medicine(circle)

How much to take

Times to take

with spacer now and every 4 to 6 hours

****If you DO NOT feel better in 20 to 60 minutes FOLLOW THE RED ZONE PLAN**

****IF YOU CONTINUE WITH THESE SYMPTOMS FOR 12 TO 24 HOURS, CALL YOUR DOCTOR.**

RED means DANGER!!!

GET HELP FROM A DOCTOR NOW !!!

- * Medicine is not helping
- * Breathing is hard and fast
- * Nose opens wide to breathe
- * Can't talk well

**GO TO DOCTOR'S OFFICE OR EMERGENCY ROOM!
TAKE THESE MEDICINES UNTIL YOU SEE THE DOCTOR.**

Medicine(circle)

How much to take

with spacer

You may repeat this dose _____ times, 20 minutes apart.



CALL 911 (EMS) IF: Lips or fingernails are blue, or
You are struggling to breathe, or
You do not feel or look better in 20-30 minutes



Air Quality Alert Days: The national recommendation is to avoid outdoor exercise when levels of air pollution are high.

Physician recommendations for medication self-administration: (Check one)

- ☐ The student listed above has been instructed by me in the proper way to use his/her medications. It is my professional opinion that he/she should be allowed to carry and self-administer the above medications while on school property or at school-related events. (Optional for middle and high school students. NOT recommended for elementary student)
- ☐ The student listed above, in my professional opinion, should NOT be allowed to carry and self-administer any of his/her asthma medication(s) while on school property or at school related events. (Recommended for all elementary students)

Printed Name of Health Care Provider

Signature of Health Care Provider

Phone Number

Date

I, _____, agree with the recommendations of my child's physician as noted above and give permission for my child to receive the above medication(s) as directed. I also give permission for my child's physician and the school nurse to share written or verbal information for the duration of this school year

Signature of parent/guardian

Date



Home Telephone

Work Telephone

Cell Phone

JOHN M. HARLAN HIGH SCHOOL BAND VOLUNTEER BACKGROUND CHECK

<https://hrvolunteer.nisd.net/TempMod.nsf?Open>



**Or find the link on our home page
<https://www.harlanhawkband.org>**

JOHN M. HARLAN HIGH SCHOOL BAND

New Member Contact Information

tinyurl.com/HBBOinfo



Or find the link on our home page
<https://www.harlanhawkband.org>

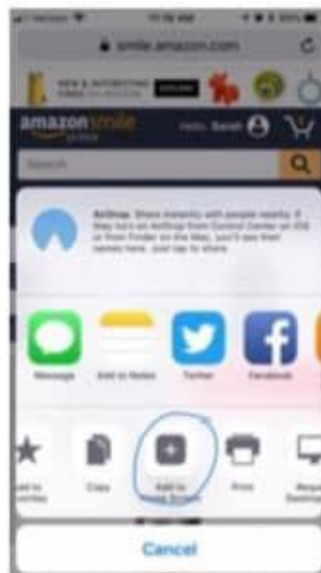
How to Shop Amazon Smile on Mobile

One of the drawbacks to AmazonSmile, is you have to make your purchases through the AmazonSmile site. Purchases through the regular Amazon site and their mobile site won't give a donation. Fortunately, there's a work around.

- If you regularly shop Amazon through your mobile browser, simply navigate to smile.amazon.com instead and you're set! It will be a very similar experience to what you are used to.
- If you regularly shop Amazon through the Amazon app you could add items to your cart via the app but finish the checkout process on your browser. (Just make sure you are at smile.amazon.com) Or you could take these steps on your Apple device:

How to Use Amazon Smile on the App

1. Visit smile.amazon.com in Safari.
2. Next, hit the share button at the bottom middle of your screen.
3. Now click add to Home Screen. You have just created a shortcut to the Amazon Smile page to easily navigate here from the homepage.



4. Finally, delete your existing Amazon App so you will always shop with a smile.

Make sure to select

Harlan Band Booster Organization as your nonprofit!

Want to raise money for the band while completing your normal Amazon shopping? Follow these simple steps to have 0.5% of your purchase donated to Harlan Band Booster Organization.

1. Visit: smile.amazon.com
 2. Sign in using your usual Amazon username and password. (If you don't have an Amazon account, follow the instructions to set up an Amazon account.)
 3. Select Harlan Band Booster Organization as your charitable organization.
 4. Start Shopping!!
- Keep in mind that only purchases made at smile.amazon.com will qualify for this donation.
 - You can add items to your shopping cart using the Amazon app, then log into the smile site to complete the purchase.

About AmazonSmile

AmazonSmile is a website operated by Amazon with the same products, prices, and shopping features as Amazon.com. The difference is that when you shop on AmazonSmile, the AmazonSmile Foundation will donate 0.5% of the purchase price of eligible products to the charitable organization of your choice.

Every item available for purchase on www.amazon.com is also available on AmazonSmile (smile.amazon.com) at the same price. You will see eligible products marked "Eligible for AmazonSmile donation" on their product detail pages.

If you represent a charitable organization and you would like to learn more about registering your organization to receive AmazonSmile donations, go to org.amazon.com.

For more information about the AmazonSmile program, go to [http://smile.amazon.com/about](https://smile.amazon.com/about).



EARN
\$1,000+
per year

Support our organization while you shop

More than 50,000 organizations have used gift cards to turn everyday shopping into earnings—our organization is one of them.
Pay with gift cards and offset costs for our organization.



Buy gift cards
at face value



Earn a rebate
up to 20%



Use gift cards for
everyday shopping

Shop 750+ top brands

Use gift cards and earn on gas, groceries, eating out, clothes—the list goes on. It's easy, it's rewarding, and it fits right into your busy schedule.

See a full list of brands at ShopWithScrip.com or MyScripWallet.com



amazon



STARBUCKS®



"It's super convenient. All I need to go shopping is my phone—I don't even need credit cards or my purse. I'm going to pay for these things anyway, I love being able to use gift cards so we get something in return."

Jen H., earns for hockey

STEP 1: Join our program by creating an account on MyScripWallet.com or ShopWithScrip.com.

STEP 2: Enter our organization's enrollment code **B17D916D6L924**.

STEP 3: Link your bank account to enroll online payments and place orders.

Have a question? Contact your school's coordinators at **(210) 471-9004**.



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Use these gift cards instantly

Shop eGift cards and add money to your reloadable cards to use funds the moment you need them.



eGift cards

- Immediately sent to your account—perfect for last-minute purchases, including unplanned shopping trips or a quick bite to eat
- Simply pull up your eGift card on your phone to check out, or print it before you go to the store
- Schedule eGift cards to arrive in a friend's inbox at a specific time for a surprise gift
- Easily keep track of all your eGift cards online with your Wallet on your Dashboard

To shop eGift cards, go to ShopWithScrip.com on desktop or MyScripWallet.com on your phone and select **Shop > Card Type > eGift Card**.



Reloaded money

- Keep shopping with gift cards you already bought from ShopWithScrip by adding funds on the spot—like at the gas pump or in the grocery store checkout line
- Don't wait for new cards to get shipped to your coordinator
- Easily keep track of the money you've added to reloadable cards using your Wallet on your Dashboard

To shop reloadable cards, go to ShopWithScrip.com on desktop or MyScripWallet.com on your phone and select **Shop > Card Type > Reload**.

Available for 400+ brands



"It's all about eGift cards and reloadable cards. I purchase my eGift cards on my phone right at the checkout. I add money to my gas gift card right at the pump before gassing up. Teacher gift? Someone's birthday? Print right from home or send it as an email gift! I love the convenience, flexibility, and earnings gift card fundraising offers."

Jessica V., earns for school tuition



eGift cards and money added to reloadable gift cards placed and paid for with online payments (credit card or a linked bank account) are typically available in minutes. Brands indicated as Overnight Reload paid for with online payments and placed before 3:30 p.m. ET will typically be processed overnight and available the next business day—a limited number of these brands may take up to two business days. eGift cards and money added to reloadable cards placed and paid for with check must be released by the organization's coordinator before the order can be processed. The merchants represented are not sponsors or otherwise affiliated with ShopWithScrip®. The logos and other identifying marks used are trademarks of and owned by each represented company and/or its affiliates. Please visit the company's website for additional terms and conditions. © 2020 ShopWithScrip

STEP 1: Join our program by creating an account on MyScripWallet.com or ShopWithScrip.com.

STEP 2: Enter our organization's enrollment code **B17D916D6L924**.

STEP 3: Create your profile including username, password, security questions, and enter your personal info.

STEP 4: Link your bank account or credit card info to enroll online payments and place orders.

- Select Dashboard > Payment Types on ShopWithScrip.com or Menu > Payment Types on MyScripWallet.com
- Add your bank account routing and account number.
- Scrip will send two small amounts to your bank account within the next 2-3 days.
- Once you see the deposits into your bank account log back into Scrip and enter the amounts.
- Create a PIN to keep your account safe.
- \$0.15 fee on each transaction paid thru your bank account. 2.6% fee when you use a debit or credit card. Visa, Mastercard and Discover are accepted.
- No check payments will be accepted.

STEP 5: Shop from over 400 different stores.

- Once you have chosen the store you want to purchase from choose if you want an e-gift card which will be available within a few minutes of purchasing or a physical card which will be shipped to the school and usually takes 4 weeks and has a shipping charge.
- Enter the dollar amount of the gift card you need and add to cart.
- Go to cart, add your method of payment, and complete checkout process.
- If you purchased an e-Gift card go to My Wallet and click on the card you need. You will then see the card number and pin you will use to redeem in store or online.

STEP 6: Use your gift card

- Go to website of store you are shopping with and shop like you normally would. Once you are ready to checkout the website will ask for you method of payment and you will choose Add gift card. Plug in the card number/claim code and pin number (not always needed) to complete your purchase.
- Schedule eGift cards to arrive in a friend's inbox at a specific time for a surprise gift.
- In store simply pull up your eGift card on your phone to checkout or print before you go.