



LAUREL HIGHLANDS HIGH SCHOOL

Academy of Fine Arts

2018 – 2019 Chaperone Agreement

Thank you for volunteering to chaperone the Pride of Laurel Highlands – the Mustang Marching Band this year. Please read over the following points and sign and return this form (both sides).

All chaperones must have their clearances, this includes the State Police Criminal Background Check, the Department of Public Welfare Child Abuse Verification, and the FBI fingerprint clearance or affidavit for volunteers living in PA at least ten years.

All chaperones must wear the official blue staff and chaperone polo shirt, which can be purchased from the band parents. Dark or khaki pants should be worn and comfortable closed toe shoes.

All chaperones should be role models for the students. No smoking in view of students, no foul language, and appropriate attire.

Each game will have an assigned time to arrive at the school. All chaperones must be at the school by that time. If you are not able to work your assigned time you must let Kathy know as soon as possible. Kathy will ask for schedules by email and emails will be sent each week with assignments. Chaperones are needed for Kennywood, Parades and football games. Trip chaperones are chosen based on their service as chaperones and other events during the year.

All chaperones will be responsible for the following:

- Unload and reload the band equipment
- Lead chaperone will take attendance on bus before each departure
- Assist with bathroom breaks
- Help pass items, such as water and raincoats, out at games
- Fulfill any other duties as assigned by Mr. Santore

If you have any questions or problems, please contact Kathy at 412-582-9272 or mihalko.kathy@gmail.com

I understand the being a chaperone is a privilege and that I have duties to fulfill during each event. I will fulfill these listed duties and others as asked.

Signature

Cell Phone

Printed Name

Email

Phone: 724.437.4741
Fax: 724.438.5653
www.lhsd.org

LH BANDS
300 Bailey Avenue
Uniontown, PA 15401

CHAPERONE CONSENT AND MEDICAL AUTHORIZATION FORM

In the event that I require emergency medical treatment during said trip, I hereby authorize the Band Directors or designated individual to give my consent to qualified nurses, doctors, and supportive medical personnel to render first aid, administer anesthetics, and perform such operations or render such treatment to or upon myself as the circumstances may seem to require. If I require emergency medical transport, I authorize transportation to the nearest emergency center; however Band Directors or designated individuals are not liable for the outcome of treatment for undersigned.

In giving this consent and medical authorization, I understand that the Laurel Highlands School District, and Band Directors cannot and do not guarantee the safety of me while engaged in said activity.

WHOM TO CALL IN CASE OF EMERGENCY:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

MEDICAL HISTORY (Please complete where appropriate) USE ADDITIONAL SHEETS IF NECESSARY

Major Medical Problems	Medication	Treatment
_____	_____	_____
_____	_____	_____

Allergies	Medication	Treatment
_____	_____	_____
_____	_____	_____

Do you have problems walking distances? Yes _____ No _____

Are you subject to fainting? Yes _____ No _____

Do you get car sick? Yes _____ No _____

Drug Sensitivities? Yes _____ No _____ (Please indicate type) _____

Medication now being used:

Prescription Drugs _____

Non-Prescription _____

Do you wear contact lenses? Yes _____ No _____ Date of last tetanus shot _____

Name of Family Physician _____ Telephone _____

Clearances

Everyone must have the three clearances redone within the past year. If I do not have a copy of your new clearances, I need them asap. All clearances are now free for volunteers (make sure you put that you are a volunteer) and results are almost immediate online.

- 1.) PA Criminal background check

<https://epatch.state.pa.us/>

- 2.) PA Child Abuse Check – create an account, then register for background check

<https://www.compass.state.pa.us/cwis/public/home>

- 3.) Affidavit in lieu of FBI fingerprint check. If you have your FBI clearance for another purpose it can be used as well. If you have lived outside of PA in the last 10 years you must get the FBI fingerprint check.

Sign the attached affidavit, have it witnessed, and return all three pages to myself or Mr. Santore. These are all now past due and need turned in before you start working with band members. All officers and any chaperone must have these.

Thanks,
Kathy

Mihalko.kathy@gmail.com
412-582-9272

**ACT 153 VOLUNTEER AFFIDAVIT
In lieu of FBI Clearance**

Commonwealth of Pennsylvania

County of _____

On the _____ day of _____, 2016, before me, a Notary Public, personally appeared the undersigned affiant, who being duly sworn according to law and intending to be legally bound, deposes and says:

1. I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years from the date of this Affidavit.
2. I am not disqualified from service as a volunteer as a result of a conviction of one or more of the following offenses listed under Title 18 of the Pennsylvania crimes code (or equivalent crime under federal law or law of another state), or the attempt, solicitation or conspiracy to commit any of these offenses:
 - a. Criminal homicide (Chapter 25)
 - b. Aggravated assault (Section 2702)
 - c. Stalking (Section 2709.1)
 - d. Kidnapping (Section 2901)
 - e. Unlawful restraint (Section 2902)
 - f. Rape (Section 3121)
 - g. Statutory sexual assault (Section 3122.1)
 - h. Involuntary deviate sexual intercourse (Section 3123)
 - i. Sexual assault (Section 3124.1)
 - j. Aggravated indecent assault (Section 3125)
 - k. Indecent assault (Section 3126)
 - l. Indecent Exposure (Section 3127)
 - m. Incest (Section 4302)
 - n. Concealing death of a child (Section 4303)
 - o. Endangering Welfare of Children (Section 4304)
 - p. Offenses relating to infant children (Section 4305)
 - q. Felonies related to prostitution (Section 5902 (b))
 - r. Obscene materials/performances (Section 5903(c))
 - s. Corruption of minors (Section 6301)
 - t. Sexual abuse of children (Section 6312)
 - u. Felony violation of Controlled Substance, (35 P.S. Section 780-101 et seq.) Drug, Device and Cosmetic Act within preceding five-year period
3. I have not been convicted of an offense similar in nature to those offenses listed in Paragraph 2 herein under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I hereby affirm that the information in this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject 18 Pa.C.S.A. § 4903 relating to crimes for false sworn statements which is a misdemeanor of the third degree punishable by up to one year imprisonment.

Sworn and subscribed before me, the day and year aforesaid.

Affiant

Notary Public