



## JMHS Weekly Schedule 4/21- 4/25

**Monday: 4/21**

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**Tuesday: 4/22**

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**Wednesday: 4/23**

- 5:00 pm- 7:30 pm McDonalds Spirit Night  
(Guilbeau and Bandera)
- 6:00 pm- 8:00 pm Kendra Scott Fundraiser  
(La Cantera Mall)

**Thursday: 4/24**

- 7:00 pm Disney Interest Meeting JMHS Band Hall

**Friday: 4/25**

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### Announcements

- We have two fundraisers taking place on Wednesday, April 23.
  - We have the Kendra Scott Fundraiser at La Cantera from 6pm- 8pm
  - McDonald's spirit night 5pm- 7:30pm Guilbeau and Bandera. We are in need of students to volunteer that evening. Please use this link to sign up: <https://forms.gle/9S8L9bHBoHoVErFo8>
- We will have a meeting for our fine arts trip to Disney on Thursday in the band hall. Our trip organizer will answer any questions about the trip at this time.

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Kevin Tabb  
Director of Bands  
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210-397-7227

Daniel Bentley  
Assistant Band Director  
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- We are looking for volunteers to work our Music in the Parks fundraisers. The Dates are May 3rd, 10th, and 17th. The times are 7am- 2pm. This is an excellent opportunity to get your 2 volunteer obligations so you can go to the band banquet. Here is a link to sign up: <https://forms.gle/k9TGNYFCGXAtfbKm7>
- Band Physicals: Students must get a physical for band every two years. So incoming freshmen and juniors need to get physicals. You can get a physical on campus on May 6th for \$20 (cash only) The physicals will take place after school. However, if you turn in the Northside medical history form to me by May 1st I will put you on the early release form and you can go get your physical during 8th period instead of after school. The form is below
- **Silent Auction Information**
  - Front Ensemble- Fire Pit Basket: Coordinator
    - Diane Garza (210) 273-3214
  - Sax's - Grill Master Basket: Coordinator Cecilia Hoglund
    - (210) 251- 8074
  - Clarinets- Beach Bum -Fun in the Sun basket: Coordinators
    - Laura Lopez (210) 865- 4881
    - Becky Mix (210) 639-6708
  - Flutes- Camping- Horror Movie basket: Coordinator
    - Janie De La Cruz (210) 788-5255
  - Trumpets - Marvel basket: Coordinator
    - Cristina Mohler (830) 290-4223

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- Mellophones - Coffee basket: Coordinator
  - Sandra Sharp [Sandra.sharp82@gmail.com](mailto:Sandra.sharp82@gmail.com)
  - (210) 875-2367
- Low Brass - Legos basket: Coordinator
  - Cindy Leiva (210) 982-1477
- Color guard - Ice Cream basket: Coordinator
  - Robin Coen (210) 762-9748
- Drumline - Fishing basket: Coordinator
  - Emy Moreno (210) 286-6937
- Executive Board- Buc-ee's Basket: Coordinator
  - Sandra Sharp [Sandra.sharp82@gmail.com](mailto:Sandra.sharp82@gmail.com)
  - (210) 875-2367

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# 2025-2026 Northside ISD Medical History – BAND

**X** Student ID # \_\_\_\_\_

**This form must be on file prior to participation in any practice or performance before, during or after school.**

Student Name LAST \_\_\_\_\_ Student Name FIRST \_\_\_\_\_ Grade 24-25 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 activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate.

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"/>	<b>* If yes, complete both sides of the Asthma Action Form</b>		
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"/>			
Has a physician ever denied or restricted your participation in sports for any heart problems?	<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"/>
4 Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17 Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times?			18 Have you ever been diagnosed with or treated for sickle cell trait or sickle cell diseases?	<input type="checkbox"/>	<input type="checkbox"/>
When was the last concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Females only</b>		
How severe was each one? (Explain below)			19 When was your first menstrual period?	_____	
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?	_____	
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?	_____	
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?	_____	
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?	_____	
5 Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<b>An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions 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.</b> <b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)</b>		
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"/>			

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 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 events.

# PRE-PARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION - BAND

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 participation and again, prior to first and third years of high school 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*
<b>MEDICAL</b>			
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)			
<b>MUSCULOSKELETAL</b>			
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: \_\_\_\_\_

*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 OR PERFORMANCE BEFORE, DURING OR AFTER SCHOOL.**

April 8, 2025



# Marshall HS Fine Arts

## Orlando – 5 Days / 4 Nights


Thursday, January 15 – Monday, January 19, 2026

Est. 57 Participants: 49 Students + 5 Chaperones + 3 FOC Staff

Using one (1) coach in Orlando for airport transfers (max 61 seats)  
as of 2/18/2025



### Thursday, January 15, 2026

0:00PM	PM Flight(s) SAT-MCO – <i>flight(s) info TBD</i>	included
	***in flight*** airfare arranged by Note-Able Travel – avg. \$550.00/ticket budgeted	
0:00PM	Arrival Orlando (MCO) <i>Eastern Time +1 Hour</i>	
	Meet Program Coordinator in baggage claim	included
	Charter Coach (1x61 pax) transfer to hotel	included
10:30PM+	Hotel Check-in: <b>Disney's All-Star Resort (TBD)</b> (4 Nights)	included
11:00PM	Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM Hotel overnight 1/4	included

### Friday, January 16

	Disney Dining Card (\$60 value) for Breakfast/Lunch/Dinner	included
	Disney Resort Shuttle from Hotel to Disney Park tbd w/ chaperones	
	Three (3) Day Single Park Disney (DPA) Ticket w/ Workshop – Day 1 of 3	included
	<ul style="list-style-type: none"><li>• Magic Kingdom – <b>OR</b> –</li><li>• Epcot – <b>OR</b> –</li><li>• Hollywood Studios – <b>OR</b> –</li><li>• Animal Kingdom</li></ul>	
	Rides, Shows & Attractions	
	Disney Resort Shuttle from Disney Park to hotel w/ chaperones	
11:00PM	Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM Hotel overnight 2/4	included


## Saturday, January 17

	<b>Disney Dining Card</b> (\$60 value) for Breakfast/Lunch/Dinner	included
	Disney Resort Shuttle from Hotel to Disney Park w/ chaperones	
	<b>DPA Single Park Ticket – Day 2 of 3</b>	
	<ul style="list-style-type: none"><li>• <b>Magic Kingdom – OR –</b></li><li>• <b>Epcot – OR –</b></li><li>• <b>Hollywood Studios – OR –</b></li><li>• <b>Animal Kingdom</b></li></ul>	
0:00A/PM	<b>Disney Workshop TBD (students)</b> – <i>pending availability/approval by Disney</i> <i>Date/Time/Location/Schedule to be determined by Disney. Req. Leadership which is typically at Epcot.</i>	
	Coach transfer to/from workshop (one way) – <b>if needed</b>	included
	Disney Resort Shuttle from Disney Park to hotel w/ chaperones	
11:00PM	Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM	included
	Hotel overnight 3/4	

## Sunday, January 18

	<b>Disney Dining Card</b> (\$15 value) for Breakfast	included
	<b>Amex Gift Card</b> (\$50 value) for Lunch/Dinner/Snack @ Universal	included
8:00AM	Charter Coach (1x61 pax) transfer to Universal Orlando (released upon drop at park – all personal items remove from coach)	included
	<b>One (1) Day Park-to-Park Universal Orlando Ticket</b>	included
	<ul style="list-style-type: none"><li>• <b>Universal Studios</b> (park hours TBD)</li><li>• <b>Islands of Adventure</b> (park hours TBD)</li></ul>	
	Rides, Shows & Attractions	
0:00PM	Charter Coach (1x61 pax) transfer from Universal Orlando to hotel <i>Typically, 30 minutes after park closes</i>	included
11:00PM	Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM	included
	Hotel overnight 4/4	

## Monday, January 19

	<b>AMEX Gift Card</b> (\$50 value) for Breakfast/Lunch & Snack at airport	included
0:00AM	Hotel check-out, baggage stored at hotel until transfer time Disney Resort Shuttle from hotel to Disney Park w/ chaperones <b>DPA Single Park Disney Ticket</b> – Day 3 of 3 <ul style="list-style-type: none"><li>• Magic Kingdom – <b>OR</b> –</li><li>• Epcot – <b>OR</b> –</li><li>• Hollywood Studios – <b>OR</b> –</li><li>• Animal Kingdom</li></ul> Disney Resort Shuttle from Disney Park to hotel w/ chaperones <i>Return to hotel at least 30-45 minutes prior to transfer time</i> Get baggage and bring to awaiting coach	
0:00PM	Coach transfer to MCO for homebound flight(s)	included
0:00PM	PM Flight(s) MCO – SAT – <i>flight(s) info tbd</i> ***in flight*** airfare arranged by Note-Able Travel	included
	Arrive San Antonio (SAT) Central Time -1 hour	

Created for Marshall HS Fine Arts by Note-Able Travel Experiences  
Operated in Orlando by Receptive Tours Group  
**Sequence of Activities Subject to Change**

Point x Point Fee Based Inclusions Chart
<b>Thursday, January 15, 2026</b>
Roundtrip Air Ticket SAT-MCO-SAT budgeted at an avg \$550.00/ticket
Orlando Ground Management per itinerary
Coach Transfer: MCO Airport - Hotel
Disney's All-Star Resort (Sports/Music/Movies)-4 Nights
Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM
<b>Friday, January 16</b>
Disney Dining Card (\$60 value) for Breakfast/Lunch/Dinner
Three (3) Day Single Park (DPA) Disney Ticket w/ Workshop - Day 1 of 3
Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM
<b>Saturday, January 17</b>
Disney Dining Card (\$60 value) for Breakfast/Lunch/Dinner
DPA Single Park Disney Ticket - Day 2 of 3
Coach Transfer to/from workshop (one way) - if needed
Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM
<b>Sunday, January 18</b>
Disney Dining Card (\$15 value) for Breakfast
Coach Transfer: Hotel - Universal - Hotel
One (1) Day Park-to-Park Universal Orlando Ticket
AMEX Gift Card (\$50 value) for Lunch/Dinner/Snack
Overnight security, one (1) guard – 8.0 hours until next day @ 7:00AM
<b>Monday, January 19</b>
AMEX Gift Card (\$50 value) for Breakfast/Lunch & Snack at airport
DPA Single Park Disney Ticket - Day 3 of 3
Coach Transfer: Hotel - MCO Airport
Online Payment Portal

As of 2/18/2025, based on 54-58 paid participants, below are the **estimated per participant rates** to include all items on the above itinerary noted as “included” and listed on the Point x Point Fee Based Inclusions Chart AND also includes **three (3) FOC Staff Packages (including air) using two (2) rooms:** 1 room with 2 beds (double occupancy) and 1 room with 1 bed (single occupancy):

**Based on 54-58 participants using one (1) coach in Orlando for airport transfers - max 61 seats**

**Flat Student Quad/Triple Rate: \$2125.00\*\***

**\*\*4 students in a room with two beds – or – 3 students in a room with two beds**

**\*\*The flat Quad/Triple student rate structure is premised on students rooming with other students AND – that “Quads” (4 students/room) will be maximized before utilizing “Triples” (3 students/ room). Additional costs apply if students are assigned to a double or single room.**

### **Family & Chaperone Rates:**

**Quad** \$2125.00  
4 guests in a room with two Queen beds

**Triple** \$2177.00  
3 guests in a room with two Queen beds

**Double** \$2257.00  
2 guests in a room with two Queen beds

**Single** \$2575.00  
1 guest in a room with one Queen bed

Costing Notes on the following page...

### **Costing Notes:**

- Hotel rates and space are subject to availability at the time of group confirmation
- Hotel rates include all hotel applicable taxes and driver(s) gratuity
- Round-Trip Air is included and budgeted at avg. \$550.00/ticket (SAT-MCO-SAT)  
\*Air seats are usually confirmed 5-10 months prior depending on airline
- Depending on airline, there may be a baggage fee of \$35-\$45.00+ each way per checked bag. This fee, if any, is not included in the costing.
- \*The flat Quad/Triple student rate structure is premised on students rooming with other students AND that “Quads” (4 students/room) will be maximized before utilizing “Triples” (3 students/ room). Additional costs apply if students are assigned to a double or single room.
- A streamlined, easy to navigate, online enrollment / payment portal will be established for Marshall HS Fine Arts. To be cost-sensitive, participants will have the option to either pay by credit card (cc fees range from 2.90%-3.90%) or by e-check (no fee).
- Travel Insurance is **not** included in the costing – Arch RoamRight Travel Insurance Plans underwritten by Arch Insurance Company – [Click here](#) for more information on the plans, to quote and/or purchase
- Airport Transfers to/from SAT Airport and Marshall HS are not included