

Please complete & return by May 16, 2017

**2017-2018 Jefferson Forest High School Band
Permission & Medical Information Form**

I. PERMISSION

I give permission for my son/daughter _____ to attend/take part in **ALL BAND ACTIVITIES** with the Jefferson Forest High School Band for the school year 2017-2018. It is understood that the student will recognize the authority of the band directors as well as any adult chaperone, and will abide by all school rules, regulations, & policies while engaged in the co-curricular activity, both on & off school property. Failure to abide by these rules will result in appropriate administrative action &/or dismissal from the band program. Please refer to the band calendar for list of scheduled activities.

II. MEDICAL INFORMATION

1. List any physical restrictions.
2. List any allergies that may affect participation.
3. List any other pertinent medical information, including any medications taken on a regular or as-needed basis.

By signing this form you are stating that: You give permission for your child to receive emergency medical treatment in case of illness or injury. It is understood that every effort will be made to contact the parent/guardian before any treatment is administered.

III. INSURANCE INFORMATION (Check One Option)

SUBMIT A PHOTOCOPY OF THE FRONT & BACK OF YOUR INSURANCE CARD WITH THIS FORM.

(_____) 1. By completing the insurance information & signing this form, I give my permission for this information to be given to the proper medical authorities in case of a medical emergency involving my child.

(Insurance Company) _____ (Policy Number)

(_____) 2. I do not currently have a medical plan for my son/daughter. I will be responsible for any & all medical expenses that may occur during or as a result of any band related function.

IV. STUDENT INFORMATION (PLEASE CHECK IF THIS A NEW ADDRESS _____)

Student: _____ '17-'18 Grade: _____
Address: _____ City/Zip: _____
Home Phone: _____ Mobile Phone: _____ Emergency Phone: _____
E-mail: _____

V. PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____
Place of Employment: _____ Work Phone: _____
Name: _____ Relationship: _____
Place of Employment: _____ Work Phone: _____
E-mail: _____ Mobile Phone: _____
Emergency Contact Person if Parent/Guardian is unavailable: _____
Relationship of Emergency Contact: _____ Phone(s): _____

VI. STATEMENT OF AGREEMENT AND PERMISSION

By signing this form you are hereby agreeing to all sections of this document and giving your permission for your child's participation in all band events for the school year 2017-2018. Also, by signing this form you are acknowledging understanding and intended compliance with all band, school, school system, local, state, & federal rules, regulations, standards, codes, and laws while engaged in any band function. You also acknowledge full responsibility for all school-owned items, including equipment, instruments, uniforms, and accessories.

X _____
(PARENT/GUARDIAN)

X _____
(STUDENT)