

**Please complete & return by July 17, 2023**

**2023-2024 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 2023-2024. 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: \_\_\_\_\_ '23-'24 Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

**V. PARENT/GUARDIAN INFORMATION**

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2 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 2023-2024. 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)