

CONTACT INFORMATION

STUDENT INFORMATION

NAME _____ HOME PHONE _____

STREET _____ CELL PHONE _____

CITY, ZIP _____ WORK PHONE _____

EMAIL #1 _____

EMAIL #2 _____

PARENT #1

NAME _____ HOME PHONE _____

STREET _____ CELL PHONE _____

CITY, ZIP _____ WORK PHONE _____

EMAIL #1 _____

EMAIL #2 _____

PARENT #2

NAME _____ HOME PHONE _____

STREET _____ CELL PHONE _____

CITY, ZIP _____ WORK PHONE _____

EMAIL #1 _____

EMAIL #2 _____

T-SHIRT SIZE (*circle one*) **SMALL MEDIUM LARGE X-LARGE XXL**

FALL SPORTS _____

PLEASE FILL OUT THE VOLUNTEER INFORMATION ON THE REVERSE OF THIS FORM.

MEDICAL CONSENT FORM

Chapin High School Band – Chapin, South Carolina
2009-2010 Consent for Medical Treatment

TO WHOM IT MAY CONCERN: I, the undersigned parent or guardian of:

Name of Student

Date of Birth

hereby grant authorization to the Band Director and/or any chaperone of the Chapin Band standing in loco parentis, to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room on behalf of the above named minor.

Parent Signature

Date (MM/DD/Y)

Parent Printed Name

GENERAL INFORMATION

Student _____

Phone _____

Address _____

City, State Zip _____

Father's Name _____ Bus. Phone _____

Father's Place of Business _____ Title _____

Mother's Name _____ Bus. Phone _____

Mother's Place of Business _____ Title _____

ALTERNATE TO NOTIFY IN CASE OF EMERGENCY

Name _____ Relation _____

Address _____

City, State Zip _____ Phone _____

2009-2010 MEDICAL INFORMATION

STUDENT NAME _____

BIRTH DATE _____ INSURANCE CARRIER _____

PRIMARY POLICY HOLDER _____ POLICY # _____

PLEASE COMPLETE THE QUESTIONS BELOW It is imperative that we have medical information in order that we may care for the student in the case of an emergency.

1. Does the student have any chronic health problems (include major surgeries)? _____

2. Is the student allergic to any medicines? _____

3. Does he/she have any allergies? _____

4. Is he/she currently taking any medications or under current medical treatment? _____

5. Will these medications be taken during band camp? _____

6. Date of last tetanus shot _____.

7. May we give your child (Y=Yes / N=No): Pepto Bismo/Tums? _____
Asprin? _____ Tylenol? _____ Advil? _____ Administer Skin Treatments? _____

8. Family Physician _____ Office Phone _____

9. Other information _____

I understand that the health information provided on the 2009-2010 Medical Information may be shared with persons responsible for the care of my child, which may include volunteer chaperones as well as district employees. I understand that if my son/daughter becomes ill or is injured during a trip, the trip chaperones will attempt to contact me or an emergency contact at the numbers listed on the Student Health Form.

If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result. I further agree to indemnify and hold harmless the District, its Board of Trustees, and its employees for any injury that occurs to my child which is not the result of action or inaction by the District or its representatives.

Parent / Guardian Signature

Date

RECURRING FIELD TRIP PERMISSION FORM

Dear Parent or Guardian:

Because the Chapin Band is highly competitive and well accomplished, a great number of trips are required in the fall. We travel to all home and away football games, as well as numerous marching band contests in September and October. Because of your child's involvement in band, he or she will be required to attend all of these events as part of their grade. The final schedule of fall events will be published in the summer newsletter, which will come out in preparation for band camp. A preliminary list of events was published earlier in this packet.

All special activity trip regulations, local school rules, and guidelines outlined in the Student Code of Conduct brochure will be in effect.

Please be advised that the school will take every precaution to provide for the safety of your child on each trip. This permission slip is a convenience for you and the students, because we take a trip nearly every week during marching season.

I give my child permission to attend all band trips listed within this packet and in the upcoming summer newsletter, and I agree to all of the above statements.

Student Printed Name

Date

Parent Signature

Date