
PARKVIEW HIGH SCHOOL BAND MEDICAL RELEASE FORM 2008 - 2009

STUDENT CONTACT INFORMATION: *(All information is required)*

Student's Name: _____ Grade: _____ Student #: _____

Band Class: (circle one) Concert 1 Concert 2 Symphonic Guard Only (not in band)

Band Instrument: Concert Band: _____ Marching Band: _____

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home : _____ Work: Mom: _____ Dad: _____

Cell Phones: Mom: _____ Dad: _____ Student: _____

Email: Mom: _____ Dad: _____ Student: _____

EMERGENCY CONTACT INFORMATION: *(All information is required)*

Emergency Contact: _____ Phone: _____

Relationship: _____

Doctor's Name: _____ Phone: _____

Hospitalization Carrier: _____ Policy #: _____

MEDICAL INFORMATION: (Check all boxes and list concerns, if applicable)

My child is on medication: _____

How often? _____ Side Effects? _____

My child has special needs or concerns: _____

My child has allergies: _____

My child **MAY NOT** be given: _____

My child may take (without further permission, check all that apply) :

Advil Tylenol Pepto Bismol Benadryl

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PLEASE SIGN AND DATE BOTH STATEMENTS.

MEDICAL DISCLAIMER: This must be completed for every student.

I agree to assume responsibility for any unforeseen accident that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I hereby give permission to the Band Chaperones and staff to administer over the counter medications as directed above during Band Activities.

Parent/Guardian Signature: _____ Date: _____

The Parkview Band hosts a number of social events throughout the year, (Back to School Pool party, Band Lock-in, Parties, etc.). Since these are not official "school" activities, we require additional written parental consent to allow a student to participate. Please read and sign the statement below. This statement will allow student participation in any of our band social events.

I the Undersigned, as natural parent or custodial guardian, grant permission for (student's name) _____, a minor and hereinafter referred to as "permittee", to attend PHS Band related social activities. Should immediate medical attention be needed for the permittee due to either accident or illness, I grant a representative of the Parkview Band permission to obtain such medical treatment as is required. In consideration for permission to attend a Band social activity, I waive any and all claims for myself, permittee, and my and permittee's heirs against the Parkview Band Association, its officers, directors, and volunteers for any injury or illness which may directly or indirectly result from permittee's attendance at or participation in the above described Band social activities. I further certify that permittee is in proper physical and emotional condition to attend and participate in said Band social activity. I understand that should immediate medical attention described above be needed, attempts to notify me will be made as soon as possible but the first concern is the health of my child.

Parent Signature _____ Date: _____