



PORTER RIDGE HIGH SCHOOL BAND
2018/2019 School Year

STUDENT INFORMATION

Student Last Name: First: MI:

Address: City: ZIP:

Home Phone: Student E-Mail:

Student Cell Phone: Instrument: Grade Level:

Father's Last Name: First:

Home Phone: Work Phone: Cell Phone:

E-mail: Employer:

Mother's Last Name: First:

Home Phone: Work Phone: Cell Phone:

E-mail: Employer:

Additional Emergency Contact (if parents cannot be reached):

Name: Phone Number(s):

MEDICAL INFORMATION AND CONSENT FOR MEDICAL TREATMENT

List all known allergies (food, medications, etc.)

List special medical problems

List any medication the student is presently taking and its purpose

TO WHOM IT MAY CONCERN:

I give my permission to the Band Directors, Mr. Ross and/or Ms. Tomberlin to act as a guardian in the event of an accident involving my child until I am able to be contacted. Also, in the event of an emergency, he/she has my permission to consent to the attending physician/emergency response team to administer any medications or perform any treatments, at my expense, that he/she deems necessary for the proper care and well-being of my child until I am able to be contacted.

Signature of Parent/Guardian: Date:

Medical Insurance Carrier: Policy #

Subscriber Name: Group/Plan#

Current Physician: Physician's Phone:

PARTICIPATION AND TRANSPORTATION PERMISSION

I hereby give permission for to attend all events with the Porter Ridge High School Band program for the 2018/2019 school year.

I have read the Rules and Regulations concerning my student's behavior and understand that failure to follow the rules will result in disciplinary action. I waive liability of the school, staff or Porter Ridge High School Band Boosters for injury or damage sustained by my student or his/his possessions during trips or other activities.

Signature of Parent/Guardian: Date: