

THEODORE HIGH SCHOOL BAND
MEDICAL INFORMATION AND CONSENT FORM

This form must be signed before a Notary Public and submitted to the Band Director prior to band participation.

Student Name _____ Home Phone _____

Address _____ City _____ ZIP _____

Parent/Guardian _____ Parent/Guardian 2 _____

#1 Phone # Home _____ Work _____ Cell _____ email _____

#2 Phone # Home _____ Work _____ Cell _____ email _____

IN CASE OF EMERGENCY: Name and phone number of person to notify if you cannot be reached:

Name _____ Phone _____

INSURANCE INFORMATION (PLEASE ATTACH a copy of insurance card front and back)

CARRIER _____ POLICY # _____

GROUP NUMBER _____ PHYSICIANS CHART # _____

PHYSICIAN _____ PHONE _____

IF NO INSURANCE, PLEASE COMPLETE THE FOLLOWING:

FOR AND IN CONSIDERATION OF EMERGENCY SERVICES AND GOODS RENDERED BY OR THROUGH THE ATTENDING PHYSICIAN(S), THE UNDERSIGNED GUARANTEES PAYMENT IN FULL, IMMEDIATELY, UPON RECEIPT OF FINAL BILLING.

SIGNATURE OF GUARDIAN _____

PRINT NAME _____

HEALTH INFORMATION

Is the student subject to any of the following or any other significant health problems of which the Director or chaperones should be aware? (Circle all that apply)

Asthma Heart Disease Seizure Disorders Diabetes High Blood Pressure Bleeding Disorders

Other _____

Is the student allergic to any medications, foods, or insect toxins? Yes _____ No _____

If so, please list the specific medications, foods, or insects: _____

Please list all medications this student is taking _____

Can this student swim? Yes _____ No _____

If swimming activities are involved, does this student have permission to participate? Yes _____ No _____

Is the student subject to motion sickness during travel? Yes _____ No _____

PLEASE CONSULT SCHOOL SYSTEM POLICY REGARDING MEDICATIONS. STUDENTS ARE RESPONSIBLE FOR UNDERSTANDING THE PROPER TIME AND THE PROPER DOSAGE FOR ALL MEDICATIONS. CHAPERONES WILL NOT ADMINISTER PRESCRIPTION MEDICATION.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, being parent, legal guardian, or next of kin of

STUDENT _____ Date of Birth _____

I hereby grant authorization to Band Directors and/or chaperones of the Band Booster Association, standing in loco parentis, to obtain emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room on behalf of the above named minor. I give permission for chaperones to provide over the counter medication to my child if necessary.

SIGNATURE _____ RELATIONSHIP _____

Subscribed and sworn to before me on _____

NOTARY PUBLIC

My Commission Expires _____

PERMISSION FORM

I give permission for (student) _____ to attend all events with the Theodore High School Band program. I understand the students will be properly chaperoned at all times. I further agree that my child will abide by all MCPSS rules and regulations and THS Band expectations while on band sponsored trips. Proper disciplinary action will be executed in case of any infraction.

For and in consideration of the agents and representatives of Theodore High School, Theodore, AL, sponsoring, driving, directing, and promoting a trip that the undersigned or members of the undersigned's family have or will participate in, the undersigned hereby releases and forever discharges Theodore High School of Theodore, AL, and all its agents, representatives, employees, heirs, or assigns or suits of any kind or nature whatsoever and particularly on account of all injuries, both to person and property, which may occur in connection with band trips during the 2023-2024 school year.

Undersigned hereby declares that this trip or activity is entered into voluntarily and is oriented to the Theodore High School Band organization and there is no financial consideration to the school or its agents, representatives, employees, administration, heirs, or assigns as a result of the participation of the undersigned. The undersigned assumes the risk incident to the activity or trip. This release is binding on the heirs, administrators, executors, or assigns of the undersigned.

Name of Child _____

Parent/Guardian's Signature _____ Date _____