

**PORTER RIDGE HIGH SCHOOL BAND
2010/2011 School Year**

STUDENT INFORMATION

Student's Name: Last: _____ First: _____ MI: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ E-Mail: _____

Instrument: _____ Grade: _____

Father's Name: Last: _____ First: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Mother's Name: Last: _____ First: _____ Home Phone: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

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. Faires 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 2010/2011 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:** _____