

PERMISSION – CONTACT – MEDICAL INFORMATION FORM
2010-2011 Lindbergh School District Bands (page 1 of 2)

Revised: 01-23-10

Please print band member's name: _____
Last First

	Printed name of 1st parent/legal guardian:	Printed name of 2nd parent/legal guardian:
	_____	_____
Best weekday phone number. Is this work, home, or cell?		
Best weeknight/weekend number. Work, home, cell?		
Additional alternate number for the adult listed. Work, home, cell?		
Remember the area codes!!		

The above named student has my permission to participate with the Lindbergh High School Band on the trips to competitions, festivals and camps sponsored by Lindbergh School District Bands. I have read, understand and agree to the "Procedures and Policies". I understand it is my responsibility to be sure my child understands the procedures and policies and I agree to accept the judgment of the staff and chaperones in the enforcement of these procedures and policies and in the administration of the consequences to my child for violation of the procedures and policies. I further understand that transportation will be on school or chartered buses and that all the rules and regulations pertaining to these modes of transportation will be strictly enforced. I understand that a detailed schedule/itinerary will be published prior to all trips along with location and phone numbers of hotel and festival sites when applicable.

SWIMMING AND WATER SPORTS

___ NO, my child does not have my permission to participate in any water sports involving swimming.

___ YES, my child has my permission to participate in any water sports involving swimming.

ADDITIONAL EMERGENCY CONTACT INFORMATION

Please list below additional contact persons in case parents or legal guardians cannot be reached:

Contact Name / Relationship	Day Telephone (Work)	Night Telephone (Home)
1 st _____	_____ - _____ - _____	_____ - _____ - _____
2 nd _____	_____ - _____ - _____	_____ - _____ - _____

MEDICAL TREATMENT

In the event that professional medical treatment for my child becomes necessary on this trip, I give written permission for the staff and chaperones to administer first aid and to seek professional medical attention for my child as deemed necessary with the understanding that every effort will be made to contact me as soon as possible. I agree to hold harmless those involved in the treatment decisions made regarding my child.

***** RETURN IN THE BLUE ENVELOPE *****

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Name of Student’s Physician: _____

Office Telephone: (____) _____

Night Telephone (Service or Home): (____) _____

NAME OF MEDICAL INSURANCE _____

Policy/Group Plan Number _____; Benefit Code _____

***COPY OF INSURANCE CARD(s) (FRONT AND BACK)
MUST BE ATTACHED TO THIS FORM WHEN IT IS RETURNED.
IF IT IS ANTICIPATED THAT A NEW CARD(s) WILL BE RECEIVED AT A LATER DATE,
PLEASE SUBMIT NEW COPIES AT THAT TIME TO THE BAND PACKET COORDINATOR.***

List below any additional information that should be known about your child:
(Diabetes, epilepsy, common allergies, medical conditions, sleep walking, extreme phobias, etc.)

This information is confidential and will be retained by the Band Director. However, prior to band camp, your child’s chaperone will contact you to ask if there is anything special they need to be aware of.

THIS FORM MUST BE NOTARIZED BEFORE RETURNING

I have verified the information contained on both sides of this form, agree to the terms and conditions as specified herein and agree to release this information to the staff, chaperones and other personnel deemed necessary by the band director.

X _____
(Signature of Parent or Legal Guardian)

Sworn to me on this _____ day of _____, 20____,

Notary Public

Commission Expires

***** RETURN IN THE BLUE ENVELOPE *****