KENT CITY BANDS MEDICAL EMERGENCY INFORMATION/HEALTH FORM/POLICIES FORM

STUDENT INFOR	MATION (PLEASE PRINT LEGI	BLY)		
Student's Name	e:			
Phone # Cell Phone #				
Mailing Addres	s:			
Student's Emai	l:			
PARENT/GUARD	DIAN INFORMATION (PLEASE	PRINT LEGIBLY)		
Mother/Guardian:		Father/Guardia	Father/Guardian:	
Home Phone#		Home Phone#	Home Phone#	
Work Phone #		Work Phone #_	Work Phone #	
Cell Phone #		Cell Phone #_	Cell Phone #	
Parent/Guardia	an E-mail			
EMERGENCY INF	FORMATION:			
Person to be n	otified in an emergency	relationship	phone	
Insurance Infor	mation:			
Insured Name		Company	Policy Number	
MEDICAL HISTO	RY (PAST AND PRESENT PRO	BLEMS OF IMPORTANCE)		
1) Allerg	ies:			
2) Medic	Medication being used (include dosage and frequency)			
3) Any h	Any health problems of possible significance:			
4) Any o	ther medical information o	onsidered important:		
	r.	Phone #		

------PLEASE FILL OUT THE BACK OF THIS FORM -----

NON-EMERGENCY TREATMENT PERMISSION

Student Printed Name		Date	
Parent/Guardian Printed Name		Date	
Parent/Guardian Signature		Date	
PLEASE PUT ALL PRESCRIPT PERMANENT MARKER WITH THE LUGGAGE AND WILL BE AUGUST 1 ST SO WE ARE AWAR NEEDS TO CARRY THEM ON T	YOUR STUDENTS NAME. THE TURNED INTO OUR NURSE RE OF THEM AND THEY WILL	ESE ITEMS SHOUL	D BE KEPT SEPARATE FROM NHALERS AND EPI-PENS OF
ANY NON-PRESCRIPTION MEI HEALTH KIT IF SEALED. SIN ANTICIPATE YOUR SON OR DO THAN YOUR STUDENT HAS NON-PRESCRIPTION MEDICAT Parents and Guardians: Feel 1	MPLY PURCHASE A BOTTLE. AUGHTER NEEDING AND BR S THIS ITEM IF NEEDED A TION RULES OF THE KENT CI	TUBE, OR BOX OF ING IT TO LUGGAGE ND WILL KEEP TH TY BANDS.	WHATEVER MEDICINE YOU CHECK. THIS WILL ENSURE HEM FROM VIOLATING THE
needing while at camp. Man acetaminophen, Benadryl, tum receiving can help our camp nur	ny students will be in need on s, cough drops, etc Your he	f skin cleaning ager olp in specifying item	nts, sun burn relief, calamine is that your student is used to
	CVILITALIA		
MEDICINE	SYMPTOMS		DOSAGE
MEDICINE	SIMPIOMS		DOSAGE

EMERGENCY TREATMENT PERMISSION

In the event of any emergency and we cannot reach the above mentioned people, the undersigned hereby grants authority to be exercised at the discretion of the Kent City Music Staff / Music Boosters to obtain whatever medical assistance and/or treatment that may be necessary for my child, the student named above.

I also grant permission for my child to attend any activities sponsored by the Kent City High School Band.

Parent Signature Date

UNIFORM AND EQUIPMENT AGREEMENT

I will keep my uniform in good condition. If any repairs need to be made, I will advise a music booster. I understand that my uniform, hat and shoes are to be kept in the band room storage area after each performance. If any portion of my uniform is not returned at the end of the year or is returned in an irreparable condition, I understand that I will be required to pay a replacement fee for that piece(s).

During marching season, I also understand that it is my responsibility to attend all performances (competitions, football games, parades, etc.) dressed in proper attire such as ALWAYS wearing black socks, black marching band shoes and white gloves. During concert season, I understand that it is my responsibility to attend all performances dressed in proper attire which includes black socks or black nylons with black shoes and my self-provided concert uniform. In addition, I realize that I am responsible for any equipment I am issued for use and that I may be charged for its loss or damage.

Student Signature	Date
Parent Signature	Date

