

## 2009 – 2010 Vinita Band Release Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

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1. Does the student have any known allergies or is the student unable to take any medication? Yes / No

If yes, what? \_\_\_\_\_

2. Does the student presently take any medications regularly? Yes / No

If yes, what? \_\_\_\_\_

3. List any other medical condition(s) that would be helpful to know about (Including but not limited to Diabetes, Asthma, Epilepsy, Cardiac problems, Orthopedic Problems). \_\_\_\_\_

4. Has your child had a tetanus immunization within the last six years? Yes / No Date if known: \_\_\_\_\_

The above named child has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My child, \_\_\_\_\_ will be participating in the Vinita band program during the 2009-2010 school year. In the event that my child should need emergency medical care or attention, Vinita Public Schools and/or one of its employees is hereby authorized to consent to the provision of such emergency medical care for my child as is recommended or suggested by a doctor, surgeon, nurse or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that Vinita Public Schools will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

I give permission for my child to travel with the band to football games, contests, parades, and other events in which the Vinita Band participates.

I understand that from time to time the names and/or pictures of students involved in the Vinita Band may be released or published in various media, including but not limited to local newspapers, television and radio stations, and school and band websites. I hereby consent to the release and or publication of this information regarding my child for the purposes of promoting the band program. Please note any exceptions below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_