

# MEDICAL and PERMISSION FORM

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent Phone(s) H \_\_\_\_\_ Cell \_\_\_\_\_

MW \_\_\_\_\_ FW \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**I give my permission for the above-named student to participate in all band activities for his/her band including field trips. I give my permission for my child to receive medical treatment for any illness or injury in my absence.**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Medication(s) \_\_\_\_\_

Last tetanus shot (Date) \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Known Allergies \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

## Statement of Understanding for Band Membership

I, \_\_\_\_\_, desire to be a member of the Bennett's Mill Middle School Band. I have read the band handbook and understand what is expected of me. My signature below signifies that I will try to the very best of my ability meet the expectations outlined in the handbook.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
I have read the BMMS Band Handbook and will support my child in meeting his/her obligations.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_