

2007-2008 MEDICAL EMERGENCY AND PERMISSION FORM

Student's Full Name: _____

Student Number: _____ Male: ___ Female: ___ Graduation Year: 08 09 10 11 (circle one)

(Check One) Band Member ___ Guard Member ___ Instrument You Play: _____

What sports or activities are you planning on participating in this year?

PERSONAL INFORMATION

Date of Birth _____

Address _____

Home Phone _____

Father's Full Name _____

Mother's Full Name _____

Father's Employer _____

Mother's Employer _____

Father's Work Phone _____

Mother's Work Phone _____

Student Email _____

Parent's Email _____

Health Insurance Company _____

Group Number _____

Policy Number _____

List ANY Special Health Problems in the Past: (Include insulin, anti-convulsive, antihistamine, tranquilizers, etc.)

Family Physician _____

Physician Phone _____

Physician Address _____

List ALL Allergies: (Drugs, foods, bees, etc.)

IN CASE OF AN EMERGENCY, CONTACT:

NAME: _____

WORK PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

My student has my permission to participate in the Sprague High School Band Program for the 2007-2008 school year. This includes Band Camp (August 13-24) or any other rehearsals held the Sprague Band Program. I give permission for my child to be transported by Salem-Keizer Public Schools to any event in which he/she is participating as a band member. I authorize Salem-Keizer Public Schools and its employees to secure the service of a physician or hospital and to incur the expenses for necessary service in the event of accident or illness, and I will provide payment of these costs.

Student Name _____ List any restrictions _____

Parent/Guardian Signature _____ Date _____