WEDDINGTON HIGH SCHOOL BAND Student Information - Medical Treatment - Permission Form 2026-2027

Student Name: Last: _____First:_____
__M.I. _____

Address: _____City: _____ZIP: _____

Instrument: _____Year graduating: _____T-Shirt size: _____

Email addresses**- Parent AND Student** (to be used for communications from Band Director or Band Boosters)
Parent Email:
_____
Student Email: (Do not use student.ucps account!)
_____

Parent/Emergency Contact: Last _____First: _____

Relationship to Student:_____Home Phone: _____Cell Phone: _____

Parent/Emergency Contact: Last: _____First: _____

Relationship to Student: _____Home Phone: _____Cell Phone: _____

MEDICAL INFORMATION AND CONSENT FOR MEDICAL TREATMENT

In regard to the student named above, list all known medical conditions (allergies, etc.). If None, so state: _____

_____

List any medication the student is presently taking and its purpose. If None, so state: _____

_____

TO WHOM IT MAY CONCERN: I, the undersigned, being the legal next of kin, or the legal guardian of

Student Name: _____Date of Birth: _____
hereby grant permission to the Director(s) or any Chaperone of the Weddington High School Band, to obtain emergency medical treatment from authorized medical personnel on behalf of the above named minor. I also grant permission to administer over-the-counter medication as needed.

Signature of person giving consent: _____Date: _____

Type or Print Name: _____

Medical Insurance Carrier: _____Policy #: _____

Group/Plan # _____

Current Physician: _____Doctor's Phone: _____

Please attach 2 photocopies of your medical identification card, along with 2 copies of this form.

If there is no medical insurance coverage:
For and in consideration of emergency services and goods rendered by the attending authorized medical personnel, the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.
Signature of responsible party: _____Date:_____

Participation/Permission

I hereby give permission to attend all events with the Weddington High School Band program for the 2026-2027 season.
I have read the Rules and Regulations concerning my student's behavior and understand that failure to follow the rules will result in disciplinary action. I waive any liability of the school, staff, or Weddington High School Band Boosters for injury or damage sustained by my student or his/her possessions during trips or other activities.

Parents Signature: _____Date:_____