NATCHITOCHES CENTRAL
HIGH SCHOOL BANDS

NCHS Band Department Participation/Medical Release

Student Name (legal name) _____

Date of Birth (mm,dd,yyyy)_____

Home Address

_____

City/State/Zip_____

Phone (please circle: cell or home)_____

Parent E-Mail _____

Parent/Guardian Name (please print)

_____

I, the undersigned legal guardian of _____
(student legal name)

grant my full permission to any physician or hospital to take any action deemed necessary in case of accident or illness. I, the undersigned parent or guardian, understand all policies and guidelines of the Natchitoches Central High School Band Department. I grant full permission for my child to be a fully active member of the band and I understand that attendance is mandatory to all required band functions.

_____

Signed – Parent or Guardian Date

In case of illness or emergency notify:

Name 1 _____

Phone _____

Name 2 _____

Phone _____

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List any prescription medications your child takes on a regular basis

_____

_____

_____

List any environmental or medicinal allergies _____

_____

_____

_____

Insurance Company_____

Policy #_____

Expiration Date (mm,dd,yyyy)_____

List any other special medical conditions, illness, or other problem(s) your child may have on the back of this page.