



## 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 \_\_\_\_\_



List any prescription medications your child takes on a regular basis

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List any environmental or medicinal allergies \_\_\_\_\_

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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.