

## Lake Norman High School Band Medical Consent Form

Please PRINT or TYPE and complete all blanks. Attach a Photocopy of Health Insurance Card to this form.

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Youth Social Security No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No.: \_\_\_\_\_

Father's Name	Phone (Home)	(Work)
e-mail address:	Cell phone:	Pager:
Mother's Name	Phone (Home)	(Work)
e-mail address:	Cell phone:	Pager:
<b>Names of persons who could locate the parents in the event of an emergency:</b>		
(Name)	Phone	
(Name)	Phone	
Physician:	Phone	
Dentist:	Phone	
Orthodontist:	Phone	
Other:	Phone	

It is our policy to notify parents in the event that their child requires Emergency Room care during Band Trips.

If you **Do Not** wish to be called, please sign here: \_\_\_\_\_

Does this child wear Contact Lenses? \_\_\_ YES \_\_\_ NO

Swimming Proficiency: \_\_\_ Non-Swimmer \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

**MEDICAL INFORMATION**

Diabetes ? \_\_\_ Yes \_\_\_ No      Date of last Tetanus Shot: \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Allergy: \_\_\_\_\_

Usual severity of reaction: Mild                  Moderate                  Severe                  Life-Threatening

Allergy: \_\_\_\_\_

Usual severity of reaction: Mild                  Moderate                  Severe                  Life-Threatening

Prescription Medications: \_\_\_\_\_

Please attach any other medical information which might help us care for your child if needed.

**Please note: You must bring completed form to registration in August**

## PERMISSION FORM AND LIABILITY RELEASE

I hereby give my permission and approval as parent / guardian for \_\_\_\_\_ to attend all activities sponsored by the Lake Norman High School Band of Mooresville, NC. It is my understanding that these activities will be conducted within and without the State of North Carolina and that some of the activities will be physically strenuous. I understand that my child must obey all rules and regulations, which will be clearly stated prior to the event. In case of serious violation of any rules or regulations, I will be notified by telephone, if possible, and arrangements will be made for the child to return home. Should the above discipline be necessary, I agree to be responsible for any expense incurred.

In the event that my child becomes ill or sustains an injury while participating in a Band activity, I give permission to a director or chaperone to take whatever steps are necessary to administer first aid. In the event that I can not be reached by telephone, I also consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and / or surgeon. I understand that this consent will apply to all emergency situations and copy of this form is a valid as the original. This consent shall remain in effect until written revocation is made.

I further agree that the medical and emergency information provided on this form and any attached documents are accurate and current.

Lake Norman High School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Lake Norman High School nor the sponsors will be responsible for personal injury to my son/daughter or for the loss or damage to his/her personal property.

I understand that on any authorized band trip my son/daughter has the privilege and responsibility for making up his/her work missed.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, PARENT / GUARDIAN: \_\_\_\_\_

STATE OF NORTH CAROLINA , COUNTY OF ( \_\_\_\_\_ )

Personally appeared before me, \_\_\_\_\_, a Notary Public, \_\_\_\_\_, with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence), and who acknowledged that he/ she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**This form must be notarized!**  
**Please note: You must bring completed form to registration in August**