

The Lake Norman High School Band

Success. Tradition. Excellence. Pride.



Student Medical Information

Both pages of this document must be returned by July 28.

Permission and liability page must be notarized, and a copy of your insurance card should be attached.

Student Name	Date of Birth	Age

Emergency Contacts

Name	Relationship	Cell	Work	Home

Medical Provider and Insurance

Physician	Phone	Dentist	Phone
Orthodontist	Phone	Other Caregiver	Phone
Insurance Company	Policy Number	Policy Holder	

Medications, Conditions, and Allergies

Does student take prescription medications? ___ Yes ___ No. If "yes", please list below.

***IF student will carry and self-administer medication, a Request for Medication form must be completed and submitted to the school nurse and signed by parent and physician.**

Does student have any allergies or medical conditions? ___ Yes ___ No. If "yes", please list below.

*It is our policy to notify parents when first-aid is administered, or if emergency care is required. If you do NOT wish to be contacted prior to care being given, please sign here: _____

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 as 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.
You must bring completed forms to band camp registration.***