

Lake Norman High School Band Medical Consent Form

(Please PRINT and complete all sections. Attach a copy of Health Insurance Card to this form.)

Student Name _____ Date of Birth _____ Age _____

Address _____

Insurance Company _____ Policy No.: _____

Father's Name _____ Phone (Home) _____ (Work) _____

e-mail address: _____ Cell phone: _____

Mother's Name _____ Phone (Home) _____ (Work) _____

e-mail address: _____ Cell phone: _____

Please give the names of persons who could locate the parents in the event of an emergency:

(Name) _____ Phone _____

(Name) _____ Phone _____

Physician: _____ Phone _____

Dentist: _____ Phone _____

Orthodontist: _____ Phone _____

It is our policy to notify parents whenever their children require Emergency Room care during Band Trips.

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

Does the student 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.

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.***