

GRC Band/CCBB

Travel, Health, and Medical Record/Consent Form

Student Information

Name of Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Phone: (cell) _____ Cell Carrier: _____ (home) _____

Student Social Security #: _____ Date of Birth: _____

Current Grade: _____ E-mail: _____

Parent Information

Father's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Cell Carrier _____ E-mail: _____

Address, if different than above: _____

Mother's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Cell Carrier _____ E-mail: _____

Address, if different than above: _____

Insurance Information

Company Name: _____

Group #: _____ Member #: _____

Primary Care Physician (students): _____

Address: _____ Phone: _____

Secondary contact person, in case of emergency: _____

Address: _____ Phone: _____

Please copy both sides of the insurance card that covers the student and attach to this for

General Information

Does student live with:

both parents one parent guardian other

Does the student have any known defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain:

Does the student have any allergies or reactions to drugs or medicines? Explain:

Is the student presently taking any medications or on a special diet or exercise restrictions? If yes, please list specific details: (name of drug, dosage, etc.)

Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot): _____

Are there any emotional/social disabilities that would be helpful for us to be aware of?

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter named above, to participate in and travel with the George Rogers Clark High School Band. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during participation in band activities, I hereby authorize the band staff to obtain medical treatment for my son/daughter for such injury or illness during band activities. I hereby hold the GRC Band staff and sponsoring organizations, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while participating in band activities. If this occurs, I hereby authorize the band staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during band activities.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by he/her participation, and I further release the sponsoring organizations(s) and its representatives from any claims for personal illness or injury that my son/daughter may sustain during band activities. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the George Rogers Clark High School Band.

Parent/Guardian Signature: _____ Date: _____