SRHS Band Niagara Falls/New York
2015 Health and Permission Form

Student's Name_____________________________ Birth Date____________

Parent/Guardian's Name_______________________________________

I, the above named parent guardian give permission for my son/daughter to participate in all activities associated with the Southeast Raleigh Magnet High School Band and the trip to Niagara Falls, Canada / New York, New York. I also give permission to Clifton Scott and/or his designee to secure proper care for my child in the event of an emergency. I also accept responsibility for financial obligations that occur and are associated with said emergency or said events involving my child's welfare.

Parent/Guardian Signature_____________________________Date_________

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Please Complete the Following Confidential Information

We will also need a photocopy of your student's health insurance card to accompany this form

Contact Information

Parent/Guardian Name____

Address____

Home Phone_____________Cell Phone (emergency use only) ____________

Email Address ____

Work Phone (father) _____________ Work Phone (mother) _______________

Name of Emergency Contact (other than parents) _______________________

Relationship to student____

Home Phone _____________________ Work Phone___________________

Insurance

Is your son/daughter covered by medical/hospital insurance? ____Yes ____No
If Yes, list name of Insurance Company______________________________

Group or Policy No.________________________Phone_______________

Student's Medical Information

Please list any allergies____

____

Please list any chronic illness or medical condition of which we should be aware

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Please list any current prescription medications__________________________

____

Yes____No____Student is allowed to receive over the counter medication (Tylenol, Advil, etc.).

Preferred Care

Hospital____

Name of personal physician_____________________Phone______________