

# 2010 - 2011 Charlotte Oriole Band

## Health Form, Parent or Guardian Emergency Release, Personal Data, Equipment Data, Band Camp Registration, Transportation Plan, and Pledge

This one form combines many forms required in previous years. The health emergency information and releases will apply to Band Camp, Tour, and all band activities for the entire school year. Please fill out, completely. Please refer to Band Handbook for additional details. Please print, clearly.

### DATA & EMERGENCY CONTACTS

Student Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_

Gender *circle*: Male Female Birth Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

Postal City \_\_\_\_\_, Postal Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Parent/Guardian's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_

Parent/Guardian's Work Phone (who?): \_\_\_\_\_

Parent/Guardian's Cell Phone (who?): \_\_\_\_\_

Additional Emergency Contacts (If unable to contact parents while away, contact these individuals):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

### FAMILY PHYSICIAN & INSURANCE

Family Physician's Name: \_\_\_\_\_

Family Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Health Insurance: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Employer Providing Insurance: \_\_\_\_\_

Policy Holder's Social Security Number: \_\_\_\_\_

Policy Holder's Address: \_\_\_\_\_

### STUDENT HEALTH DATA - MEDICATIONS

The above named student takes the following prescribed medications & dosages:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The above named student takes the following non-prescribed (over the counter drugs) as needed:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### STUDENT HEALTH DATA – ALLERGY INFORMATION

The above named student (*circle one*): Has no known allergies Has known allergies (*identify below*)

The above named student is allergic to the following medications (*circle*):

Penicillin Aspirin Tylenol Sulfa Other Medications (*specify*): \_\_\_\_\_

Known allergies to (*circle*): Bee Stings Wasp Stings Milk Products Egg Products Molds Dust

Indicate any other food or environmental allergies: \_\_\_\_\_

Student Name *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle* \_\_\_\_\_

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**STUDENT HEALTH DATA – GENERAL INFORMATION**

The above named student is subject to the following (*circle*):

Frequent Fainting    Sleep Walking    Asthma    High Blood Pressure    Heart Condition    Sugar Diabetes

List any other health conditions or conditions parents and/or doctors believe to be significant:

**STUDENT HEALTH DATA – IMUNIZATIONS & TETANUS SHOT:**

The above named student’s most recent tetanus shot was administered: Month \_\_\_\_\_ Year \_\_\_\_\_

The above named student’s immunizations are up to date (*circle*:)    Yes                      No

If “No”, please explain: \_\_\_\_\_

**PARENT/GUARDIAN EMERGENCY AUTHORIZATION AND CERTIFICATIONS**

Upon signing below, I certify (or agree to) the following:

1. The above named student is free of infectious diseases
2. This health history, provided, is correct to the best of my knowledge
3. The above-named student will turn-in all medications to the camp health staff upon arriving at camp and not maintain or dispense any medications on their own, logging all health activity as required by the state camp licensing agency.
4. The above-named student is physically able to engage in all marching and band activities (unless listed under “other health conditions parents and/or doctors believe to be significant”)
5. I agree to reimburse Charlotte Public Schools for any medical costs that might be incurred by my son or daughter while at band camp or on a Charlotte H.S. Band trip or activity.

**EMERGENCY TREATMENT AUTHORIZATION**

I hereby give permission for the camp nurse or certified health officer to dispense prescription and non-prescription medications such as Tylenol, Aspirin, Benedryl, Solarcaine, Dramamine, etc. I am aware of the potential problems with sun exposure and motion sickness and will advise my student to take precautions. I understand that if my child becomes ill or injured, substantial effort will be made to contact me.

I hereby give permission to the physician selected by the camp health officer or director to order x-rays, routine tests and treatment for the above named student. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp health officer or director to hospitalize, secure the proper treatment, order injections, and/or perform surgery.

PRINTED NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE EMERGENCY TREATMENT AUTHORIZATION GRANTED: \_\_\_\_\_

*End Health Section*

Student Name *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

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**EQUIPMENT DATA**

*Provide a detailed "inventory" of all equipment used in band.*

Primary marching instrument: \_\_\_\_\_

Make (Conn, etc.): \_\_\_\_\_ Model (R-13, etc.): \_\_\_\_\_

Type (Flute, etc.): \_\_\_\_\_ Serial Number: \_\_\_\_\_

Age in years: \_\_\_\_\_ Condition: \_\_\_\_\_ Replacement cost: \$ \_\_\_\_\_

(Circle one): School Instrument Personal Instrument

Primary concert instrument: \_\_\_\_\_

Make (Conn, etc.): \_\_\_\_\_ Model (R-13, etc.): \_\_\_\_\_

Type (Flute, etc.): \_\_\_\_\_ Serial Number: \_\_\_\_\_

Age in years: \_\_\_\_\_ Condition: \_\_\_\_\_ Replacement cost: \$ \_\_\_\_\_

(Circle one): School Instrument Personal Instrument

**BAND CAMP TRANSPORTATION PLAN & STUDENT RELEASE FORM**

School transportation will be provided to and from band camp. It is expected that all students depart Charlotte with the band. Most parents attend the camp performance on Friday afternoon and pick-up their students. We need to know the details of any alternate transportation plans leaving camp. At the conclusion of camp, students will be released only to the parents or adults specified. Please check one of the following options:

Students departing the camp at 1:30 PM on Friday:

\_\_\_\_\_ I will pick-up the above student at the Kettunen Center.

\_\_\_\_\_ I authorize the following adult to pick-up the above student at the Kettunen Center at the conclusion of band camp. Person providing transportation from the Kettunen Center:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Students returning to Charlotte High School via School Bus (5:00 PM Arrival):

\_\_\_\_\_ I will pick-up the above student at Charlotte High School.

\_\_\_\_\_ I authorize the following adult to pick-up the above student at Charlotte High School.

Person providing transportation from Charlotte High School:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

If an individual other than the parent or guardian retrieves a student from band camp, they are to sign upon retrieving the student: Signature of person picking-up student: \_\_\_\_\_.

**BAND & BAND CAMP RULES & STUDENT PLEDGE**

Students are expected to follow all rules as outlined in the band and school handbooks, and to follow all instructions provided in rehearsals, via handouts, and through verbal instructions provided by staff. Students are expected to attend all rehearsals and performances, and follow the band rules and expectations at all times. Students and parents are to understand that if students engage in any improper activity, (including lack of attendance) they may be denied leadership roles in the band, and/or denied consideration for band honors and awards. Depending on the severity of inappropriate activity, students may be demoted in their role in the band, suspended, or dismissed. In severe cases involving illegal activity or the use of illegal drugs, school administration and/or law enforcement may be contacted. Students may be subject to immediate dismissal from camp and removal from the band.

We pledge to follow the rules, authorize the above transportation plan, and have received the year's schedule:

*Student* \_\_\_\_\_  
*Date* \_\_\_\_\_

*Parent* \_\_\_\_\_  
*Date* \_\_\_\_\_

