

BHHS BAND PERMISSION FORM AND LIABILITY RELEASE

I hereby give my permission and approval as parent / guardian for _____ to attend all activities sponsored by Bunker Hill High School Band of Claremont, 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 leader 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 a 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 is accurate and current.

Bunker Hill High School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Bunker Hill HS 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.

DATE _____, 20_____

PARENT / GUARDIAN: _____

BUNKER HILL HIGH SCHOOL BAND MEDICAL FORM

Please print:

FULL NAME: _____ AGE _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS: _____ SEX: M / F
Street City ST Zip Code (circle one)

~~~~~  
**PARENT INFO:**

MOTHER'S NAME: \_\_\_\_\_ PHONE:(work)(\_\_\_\_\_)

PHONE: (cell/home)(\_\_\_\_\_) EMAIL: \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_  
Street City ST Zip Code

FATHER'S NAME: \_\_\_\_\_ PHONE:(work)(\_\_\_\_\_)

PHONE: (cell/home)(\_\_\_\_\_) EMAIL: \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_  
Street City ST Zip Code

~~~~~  
DOCTOR INFO:

FAMILY DOCTOR: _____ PHONE (OFFICE) _____ (HOME) _____

DOCTOR'S ADDRESS _____
Street City ST Zip Code

INSURANCE: _____ GROUP No. _____
EFF. DATE _____ CONTRACT No. _____
CERT. OR POLICY No. _____

~~~~~  
**MEDICAL INFO:**

ALLERGIES: \_\_\_\_\_

CURRENT DAILY MEDICATIONS/ DOSAGES \_\_\_\_\_  
\_\_\_\_\_

SPECIAL DIETS: \_\_\_\_\_

TETANUS TOXOID SHOT DURING THE LAST YEAR (PLEASE CIRCLE) YES / NO

HAS THE STUDENT HAD: (IF YES, PLEASE COMMENT ON BACK OF FORM)

MUMPS \_\_\_\_\_ SEIZURES \_\_\_\_\_ MEASLES \_\_\_\_\_ HEART DISEASE \_\_\_\_\_

CHICKEN POX \_\_\_\_\_ KIDNEY DISEASE \_\_\_\_\_ PNEUMONIA \_\_\_\_\_

TUBERCULOSIS \_\_\_\_\_ DIABETES \_\_\_\_\_ RHEUMATIC FEVER \_\_\_\_\_

CANCER \_\_\_\_\_ MALARIA \_\_\_\_\_ OTHER \_\_\_\_\_

HOSPITALIZATIONS (WHEN, WHERE, WHY, Dr.'s NAME) \_\_\_\_\_  
\_\_\_\_\_

PERMISSION TO ADMINISTER TYLENOL OR OTHER SUCH OVER THE COUNTER MEDICATION IF NEEDED:

Please circle: YES / NO Preferred dosage: \_\_\_\_\_

All of the above information is correct to my knowledge: \_\_\_\_\_

(parent/guardian signature)

~~~~~