

Grafton High School Band Medical Release Form 2011 - 2012

Band	Grade
Concert (Freshman)	9
Symphonic	10
Wind	11
Jazz	12
Percussion Ensemble	
Guard	

(Please Print CLEARLY)

Student's Last Name	
Student's First Name	MI

Health Insurance Coverage

Insurance coverage is provided by _____

Policy Number _____ and will provide payment for medical treatment for my son/daughter while traveling or performing with the band. I also agree to pay any additional medical or transportation expenses that arise from any emergency, whether medical or behavioral.

(Military - Write the sponsor's last name and the last four of the Social Security # in the Policy # section)

No Health Insurance

I (Parent/Guardian Name) _____ will provide payment for medical treatment for my son/daughter while traveling or performing with the band. I also agree to pay any additional medical or transportation expenses that arise from any emergency, whether medical or behavioral.

All rules, regulations and punishments, as approved by the York County School Board, and listed in the GHS Student Handbook are applicable during 2011-2012 Marching and Concert Season. Your signature below indicates that you are aware of the rules and that you agree that the attending student will follow them. It is also the prerogative of the Principal to initiate a baggage check for controlled substances (alcohol and drugs).

Parent/Guardian Signature _____ **Date** _____

Please note any medical conditions and list all medications that must accompany your student. If the student has food or drug allergies, please note. **If no medical conditions, medications or drug/food allergies, please write None.**

Medical Conditions: _____

Medications/Dosages: _____

Drug/Food Allergies: _____

Emergency Phone Numbers:

Father's Home _____ Work _____ Cell _____
 Mother's Home _____ Work _____ Cell _____
 Neighbor's Name _____ Phone # _____
 Neighbor's Name _____ Phone # _____