

Coahoma Agricultural High School

Band - Parental/Guardian and Medical Consent Form

Tiger Marching Band Camp, Practices, Games, Competitions, Parades and other official school events.

THIS CONSENT FORM IS TO BE SIGNED AND COMPLETED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE BAND DIRECTOR.

To Be Completed by Parent/Guardian (Please sign and initial where required.)

Student Information Student Number _____
Last Name _____ First Name _____
Sex (Circle one) M F Grade (Circle One) 9 10 11 12
Mailing Address (Street, Apartment): _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____

Parent/Guardian Information
Parent/Guardian Name: _____
Parent/Guardian Home Phone: _____
Parent/Guardian Cell Phone: _____
Parent/Guardian Work Phone: _____

Emergency Contact Information – This contact is used ONLY if a parent/guardian cannot be reached
Emergency Contact Name: _____
Emergency Contact Home Phone: _____
Emergency Contact Cell Phone: _____

Student's Insurance Information
Please fill out all of the following and **attach a copy of your insurance card to this document.**
Students Date of Birth ____/____/____
Student's name as appears on Insurance Card: _____
Insurance Company _____ Policy Number _____
Student's Physician _____ Physician Phone Number _____

Minor Medical Treatment (Over-The-Counter Medications) - All over-the-counter medications must be provided by the student and can not be dispensed by anyone other than a nurse or a doctor.

Prescription Medications - List medications your child/ward takes. Include regular medications as well as medication carried in the event of an emergency (i.e.: asthma inhaler); including dosage and frequency.

Student Name _____ **Student Number** _____

Past or Present Health Conditions (Initial all that apply.):

_____ None
_____ Allergies (please specify: _____)
_____ Food Allergies (please specify _____)
_____ Other (please specify: _____)

Medical Conditions (Initial all that apply):

_____ Asthma _____ Contact Lenses _____ Hemophilia
_____ Diabetes _____ Kidney Disease _____ ADHD
_____ Convulsive / Seizures _____ High Blood Pressure _____ Cancer / Leukemia
_____ Heart Trouble / Murmur _____ Other (Please specify): _____

Please include an additional sheet for more information, description, or instructions

Parent/Guardian Consent for Medical Treatment (by medical professionals)

This section is to be read and signed by the Parent/Guardian

Please initial beside each paragraph and sign on page 3 of the Parental/Guardian and Medical Consent Form.

_____ In the event that I cannot be reached in an emergency, I hereby give my permission to the band director to secure proper medical treatment for my child as named above.

_____ I give my child/ward permission to travel with the Coahoma Community College and Coahoma Agricultural High School Tiger Band during the school year 2009-2010 on school buses and coach buses for the purpose of participating in the band's various required activities, including but not limited to football games, concerts, competitions, etc. It is my understanding that these activities will be conducted within and without the State of Mississippi and that some of the activities may be physically strenuous. I understand that my child must obey all rules and regulations, which are clearly stated in the Coahoma Community College and Coahoma Agricultural High School Band Handbook, Coahoma Agricultural High School Student Handbook and any other relevant policy/procedure manual. 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 expenses incurred.

_____ In the event that my child becomes ill or sustains an injury while participating in a Band activity, I give permission to the band director to take whatever steps are necessary to administer first aid. In the event that I cannot 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/ward 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 a copy of this form is valid as the original.

_____ I consent to medical treatment and assume full responsibility and liability of any and all expenses, damages, accidents, illnesses, injuries, or medical expenses of and to my child/ward or our property resulting from participation in all band activities.

_____ I attest and affirm that the participant has no limitations that should prevent participation in any band activities and I have not been advised to or informed by anyone to the contrary (If there is a condition, I understand that I must describe it in the "Other Medical Limitations" section of this form on page 2 of this document. I further agree to inform the appropriate school official if my child/ward's physical condition changes in any way and at any time that may affect his/her participation in future school or band activities

Student Name _____ **Student Number** _____

_____ I further agree that the medical and emergency information provided on this form and any attached documents are accurate and current.

_____ I understand that Coahoma Community College and Coahoma Agricultural High School will not be responsible for the liability of insurance coverage of private or public carriers. Neither Coahoma Community College, Coahoma Agricultural High School, nor the sponsors of the Tiger Band will be responsible for personal injury to my child/ward or for the loss or damage of his/her personal property.

Signature of Parent / Guardian _____ Date ____/____/____

Official Band Trips and Participation

This section is to be read and signed by both the student and the parent/guardian.

Changes/Cancellations: I, the student, understand school trips may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/Guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions: I, the student, understand the following is expected of students on official Band trips: (1) To follow instructions given by the director, (2) Not to leave or separate from the group without appropriate authorization from the director, and (3) Comply with all school and district policies and rules of conduct and all local, state and federal laws subject to appropriate authorities.

Missed Class Work: I, the student, understand that on any authorized band trip, I have the privilege and responsibility to make up my missed class work. I recognize that I am also responsible for notifying my teacher/instructor of the school -related absence prior to the absence and I am responsible for prearranging make-up work if possible.

Band Property: I, the student and my parent/guardian agree to reimburse Coahoma Community College and/or Coahoma Agricultural High School for any missing or damaged equipment issued to me, the student.

Consuella Carter Music Hall: At no point and time and for no reason should any unauthorized individuals be in the Consuella Carter Music Hall. Only band members and individuals cleared by the band director are allowed in the Consuella Carter Music Hall. Any violators of this policy will be escorted off of school property by Campus Police.

In the event that any of the above expectations or instructions is violated, I understand that school officials reserve the right to remove me, the student, from the trip and the student will be subject to school disciplinary consequences.

Signature of Student _____ Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

The above signatures signify that I have read and understand all of the policies presented in this document.

Print Notary Name _____ Date: ____/____/____ SEAL

Notary Signature _____