

COAHOMA COMMUNITY COLLEGE
Tiger Marching Band
Medical Consent and Participation Form

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.

(This document is used for Band Camp, Practices, Games, Competitions, Parades and other official school functions.)

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Student Information Student Number _____
Last Name _____ First Name _____
Sex (Circle one) M F Classification (Circle One) Freshman Sophomore
Mailing Address (Street, Apartment): _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Emergency Contact Information
Emergency Contact Name: _____
Emergency Contact Address: _____
Emergency Contact Home Phone: _____
Emergency Contact Cell Phone: _____
Emergency Contact Work Phone: _____

MEDICAL INFORMATION

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 cannot 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.

Past or Present Health Conditions (Initial all that apply.):
____ None
____ Allergies (please specify: _____)

Student Name _____ **Student Number:** _____

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

CONSENT FOR MEDICAL TREATMENT (By Medical Professionals)

Please initial beside each paragraph and sign at the bottom of this section.

_____ I hereby give my permission to the band director to secure proper medical treatment for me in the event of a medical emergency.

_____ I give my 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 I must obey all rules and regulations, which are clearly stated in the Coahoma Community College and Coahoma Agricultural High School Band Handbook, Coahoma Community College Student Handbook and any other relevant policy/procedural manual. In case of serious violation of any rules or regulations I will have to make my own arrangements to return home. Should the above discipline be necessary, I agree to be responsible for any expenses incurred.

_____ In the event that I become ill or sustain 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 me 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 I have 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 physical condition changes in any way and at any time that may affect my participation in future school or band activities

_____ 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.

Student Name _____ Student Number: _____

OFFICIAL BAND TRIPS AND PARTICIPATION POLICIES

Changes/Cancellations: I, the student, understand school trips may be cancelled when necessary by the Band Director, President of Coahoma Community College, of the Coahoma Community College Board of Trustees. The College cannot guarantee reimbursement when such cancellations occur. Students 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 punishment according 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 pre-arranging make-up work if possible.

Band Property: I 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 in 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 that I will be subject to school disciplinary consequences.

Signature of Student _____ Date ____/____/____

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