

**Sparta High School Band  
2019 – 2020 Information and Medical Release**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

INSTRUMENT: MARCHING: \_\_\_\_\_ CONCERT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ STUDENT PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

STUDENT E-MAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME(s): \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN E-MAIL: \_\_\_\_\_

(Provide additional Parent/Guardian information on an additional sheet if necessary)

LIST TWO (2) NAMES AND PHONE NUMBERS OF PEOPLE TO CALL IN CASE OF AN EMERGENCY:

*(please be sure to list people that will be available if you are not)*

1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

LIST ANY MEDICATIONS STUDENT IS CURRENTLY TAKING ALONG WITH DOSAGE INFORMATION. (Student **must** check in medication, in original container, with the adult chaperon)


STUDENT MAY HAVE:

Medication	Allowed?	Medication	Allowed?	Medication	Allowed?
Tylenol	Y / N	Ibuprophen/Motrin	Y / N	Sudafed	Y / N
Tums	Y / N	Cough Drops	Y / N	Oral Benadryl	Y / N
Benadryl Creme	Y / N	Hydrocortisone Cream	Y / N	Solarcaine	Y / N
Calamine	Y / N	Bactine	Y / N	Antibiotic/Neosporin	Y / N

***(Please Circle Y or N for Each)***

DOES THE STUDENT HAVE: GLASSES ( Y / N ), CONTACT LENSES ( Y / N )

***(Please Circle Y or N for Each)***

DOES THE STUDENT HAVE ANY MEDICAL CONDITION, DIETARY RESTRICTION, ACTIVITY RESTRICTION OR PREVIOUS INJURY TO BONES/JOINTS THAT THE CHAPERON OR DIRECTOR SHOULD BE AWARE OF?


***(Please turn over to complete reverse side)***

*Rev: 03/18/19*

## Information and Medical Release

Page 2

LIST ANY MEDICATION, ENVIRONMENTAL OR FOOD ALLERGIES. INCLUDE ALLERGIES TO BEE STINGS, GLUTEN, LACTOSE, LATEX, ETC. AND ANY NEEDED RESCUE MEDICATIONS FOR EACH. (Student **must** check in medication, in original container, with the adult chaperon)


FAMILY PHYSICIAN: NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSURANCE:        \_\_\_\_\_ INSURED                                \_\_\_\_\_ NO INSURANCE AVAILABLE

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

POLICY ID NUMBER: \_\_\_\_\_ GROUP/ACCOUNT NUMBER: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**\*\*\* PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR CURRENT INSURANCE CARD \*\*\***

RELEASE, INDEMNIFICATION AND WAIVER:    ***This is a release, please read it carefully***

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Sparta High School Band and/or Sparta Music Boosters which are beyond the control of the instructors, agents, officers, students and employees of Sparta High School, and that participation by my child in any program activities may entail unavoidable risk of personal injury, death and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning and unexpected extreme weather conditions and any hazard present in practices and performances such as but not limited to exposure to sunlight, hard, rough, and/or slippery surfaces. I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Sparta High School, Sparta Music Boosters, their officers, instructors, agents and employees from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said event or any third parties injured as a result of my child's actions. I further agree to repair or reimburse Sparta High School for any and all damages that my child causes to Sparta High School property or the property at which a specific activity is held.

In the event that my child requires medical attention while participating in this program, I hereby grant permission to Sparta High School, Sparta Music Boosters, and their representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_ / \_\_ / \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

(Authorization is valid for one (1) year from date of signature)

**MAIL FORM TO:    SPARTA MUSIC BOOSTERS  
                                 P.O. BOX 223  
                                 SPARTA, MI, 49345**

*(Please **turn over** to complete reverse side)*