

**2022-23 Charlottesville High School Band Permission & Medical Information Form**

**I. PERMISSION**

I

give permission for my son/daughter \_\_\_\_\_ to attend/take part in ALL BAND ACTIVITIES with the Charlottesville High School Band for the school year 2022-23. It is understood that the student will recognize the authority of the band directors as well as any adult chaperone, and will abide by all school rules, regulations, & policies while engaged in the co-curricular activity, both on & off school property. Failure to abide by these rules will result in appropriate administrative action &/or dismissal from the band program. Please refer to the band calendar for a list of scheduled activities.

**II. MEDICAL INFORMATION**

1.

List any physical restrictions.

2. List any allergies that may affect participation.

3. List any other pertinent medical information, including any medications taken on a regular or as-needed basis.

*By signing this form you are stating that: You give permission for your child to receive emergency medical treatment in case of illness or injury. It is understood that every effort will be made to contact the parent/guardian before any treatment is administered.*

**III. INSURANCE INFORMATION (Check One Option)**

**SUBMIT A PHOTOCOPY OF THE FRONT & BACK OF YOUR INSURANCE CARD WITH THIS FORM.**

(\_\_\_\_) 1. By completing the insurance information & signing this form, I give my permission for this information to be given to the proper medical authorities in case of a medical emergency involving my child.

\_\_\_\_\_  
(Insurance Company) (Policy Number)

(\_\_\_\_) 2. I do not currently have a medical plan for my son/daughter. I will be responsible for any & all medical expenses that may occur during or as a result of any band related function.

**IV. STUDENT INFORMATION**

Student: \_\_\_\_\_ '22-23 Grade: \_\_\_\_\_

Address: City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**E-mail: V. PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact Person if Parent/Guardian is unavailable: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**VI. STATEMENT OF AGREEMENT AND PERMISSION**

By signing this form you are hereby agreeing to all sections of this document and giving your permission for your child's participation in all band events for the school year 2022-23. Also, by signing this form you are acknowledging understanding and intended compliance with all band, school, school system, local, state, & federal rules, regulations, standards, codes, and laws while engaged in any band function. You also acknowledge full responsibility for all school-owned items, including equipment, instruments, uniforms, and accessories.

X \_\_\_\_\_  
(PARENT/GUARDIAN)

X \_\_\_\_\_  
(STUDENT)