

Student Name (printed)

Instrument

CABARRUS COUNTY HIGH SCHOOL BAND EMERGENCY MEDICAL HISTORY & RELEASE FORM

Student Name: _____ Section (i.e. Guard)/Instrument _____

Parent/Guardian Name (s): _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ Contact #s: (w) _____ (H) _____ (C) _____

Insurance Company & Policy Information: _____

The person named on this form has my permission to participate in all high school band activities. All such activities meet the approval of the high school and the Administration of the Cabarrus County School System and or the Cabarrus County School Board. All activities are subject to the policies and regulations currently adopted and approved by the Cabarrus County School Board.

The health history provided on this form is correct to the best of my knowledge. I know of no reason(s), other than the information contained on this form, why my child should not participate in any and all band activities. IN ADDITION BY SIGNING THIS FORM I AGREE to the following items listed below:

- A) **Insurance Coverage** I agree to carry "school insurance" or have the student covered by another insurance policy at all times while participating in band activities. I understand that "school insurance" is not in force during the summer months and when school is not in session even if the teacher(s) are officially at work.
- B) **Liability** In case of any accident, illness or injury the Parent(s) of the fore named student will not hold any and all employees of Cabarrus county School System or the officer/volunteers of the Band Boosters accountable for circumstances beyond their control during any band activities.
- C) **Emergency Authorization** I hereby give my permission to the Band Director(s), Chaperone(s), Medical Staff of the band and or the hospital medical staff to authorize medical treatment as needed for my child, in the event I cannot be reached. I hereby authorize the physician, and or hospital personnel selected by the band medical staff, band director(s) or adult chaperone to secure proper medical treatment including hospitalization if needed to insure the best medical care is provided to my child in my absence.

If I cannot be reached in the event of an emergency, of if a member of the staff traveling with the band is not present the person listed below is authorized to act in my behalf:

Name: _____ Relationship: _____

Daytime # _____ Evening#: _____ Cell#: _____ Other#: _____

Parent or Guardian must sign in the presence of the Notary Public (check your bank, insurance agent, place of work)

Signature of Parent or Guardian: _____ Date: _____

Sworn Before Me: _____
Date

My Commission Expires: _____
Date

Notary Public: _____

**MUST BE COMPLETED BY ANYONE PARTICIPATING IN THE BAND PROGRAM
INCLUDING BOTH ADULTS AND STUDENTS**

**CABARRUS COUNTY HIGH SCHOOL BAND
EMERGENCY MEDICAL HISTORY & RELEASE FORM
MEDICAL/HEALTH HISTORY**

Full Name: _____ Age: _____ Birth date: _____

Physician's Name(s): _____

Physician's Address: _____

Physician's Contact #: _____

HEALTH HISTORY INFORMATION RECORD

Date of last Tetanus Booster _____

List any medication presently being taken by your student _____

List any operations or serious injury _____

Chronic Illnesses	Yes/No	Health Conditions	Yes/No
Asthma		Emotional Problems	
Convulsions		Fainting Problems	
Diabetes		Hearing Impairment	
Lung Problems		Menstrual Cramps	
Hepatitis		Motion Sickness	
Ear Problems		Nosebleeds	
Heart Problems		Sickle Cell anemia	
Kidney Problems		Special Diet	
Bone/Muscle Problems		Wears Contact Lens	
Epilepsy		Wears Glasses	
Other Seizures		List Others Below	
List Others Below:			
Allergies	If yes, describe reaction		
Aspirin			
Penicillin			
Sulfa Drugs			
Hay Fever			
Insect Stings/Bites			
Specify Others:			

Please list any other health-related information you feel we should know about below:

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