

MOUNTAIN VIEW HIGH SCHOOL BANDS

Medical Information / Parent Consent

Please complete this entire form – do not leave any blank spaces

Student's Last Name: _____ First: _____ Middle: _____

Address: _____ City _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Information:

Father's Name: _____ Mother's Name: _____

Father's Work: _____ Mother's Work: _____

Work Phone: (_____) _____ Work Phone: (_____) _____

Emergency Contact Name (required): _____ Phone: _____

Family Doctor's Name: _____ Phone _____

Dentist/Orthodontist: _____ Phone: _____

List any known health problems and/or physical restrictions (If none, please write "None"): _____

List any known allergies (If none, please write "None") _____

List any current medication ** (If none, please write "None"): _____

**Students taking medications on a regular basis are required to turn in these medications to be held in a security box on any extended trip. A complete list of the student's medications and when they are to be taken *must* be included. Medications must be in the original prescription container. Students will be able to take their medications as needed.

Parental Consent:

I am familiar with my child's wishes to participate in the marching band at Mountain View High School. I am aware that taking part in this activity carries the risk of injury to my child, particularly due to travel and performance. The Director of Bands, professional band staff and/or band parents/chaperones have my permission, in an emergency situation when I (or my physician) cannot be contacted, to seek medical assistance at a medical clinic or hospital emergency room at my expense. Further, the medical clinic or hospital personnel have my authorization to provide emergency treatment deemed necessary by a physician for the well being of my child. I certify that I have adequate insurance coverage as stated below and I accept full responsibility for any medical expenses arising due to the injury or illness of my child while participating as a member of the band.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Policy Holder: _____

Insurance Company: _____ Policy Number: _____ Group Number: _____

**** WE MUST HAVE A COPY OF YOUR INSURANCE CARD TO KEEP ON FILE WITH THIS FORM ****

The band parents/chaperones have my permission to administer the following to my child for minor pain:
____ Ibuprofen (Advil, Motrin)
____ Acetaminophen (Tylenol) Parent Signature: _____

This form must be notarized:

Commonwealth of Virginia, City/County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, 20 _____

by: _____
(name of person seeking acknowledgment)

Notary Public
My Commission Expires: _____