

**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: \_\_\_\_\_