



GOLDEN PRIDE MEDICAL INFORMATION SHEET

(Please Print Clearly)

Name: _____ Age: _____ Weight: _____ Height: _____
(Last) (First) (M.I.)

Address: _____ City/Town: _____ Phone: _____

D.O.B.: _____ Classification: _____

The information placed on this sheet will be strictly confidential and will be used only in the case of illness or emergency while on a Band Trip. This form will be kept on file by the Band Directors for the complete school year.

MEDICAL INFORMATION

Have you had: (Mark "past" or "present" or leave item blank)

Sinus trouble: _____	Asthma: _____	Immunizations: _____
Epilepsy: _____	Earache: _____	(Date of last inoculation)
Fainting Spells: _____	Diabetes: _____	Tetanus: _____
Rheumatic fever: _____	Tuberculosis: _____	Diphtheria: _____
Kidney Disease: _____	Heart Trouble: _____	Polio: _____
Hay fever: _____	Severe Stomach Ache: _____	Mumps: _____
Women – Menstrual Problems: _____		Other: _____

Other Allergies or reactions to any medication(s): _____

Any condition requiring medication or treatment at this time: _____

PARENT / GUARDIAN AUTHORIZATION

This health history is correct as far as I know. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the Band Directors, to hospitalize and secure proper anesthesia, or order injection or surgery for my son or daughter.

(This form must be signed and notarized)

_____ Parent / Guardian Signature	_____ Date	_____ Notary Signature	_____ Date
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IN CASE OF EMERGENCY, NOTIFY

Parent/Guardian Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

If parent / guardian can not be reached, contact: _____

At phone number: _____ Relation: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PARENT / GUARDIAN PERMIT

I hereby give my consent for the above student to participate in all band activities and travel with the band directors or other school representatives on any trips.

It is understood that even though precautions are always taken, the possibility of an accident still remains. Neither Cleburne High School nor the University Interscholastic League assumes any responsibility in case an accident occurs.

If in the judgment of any representative of the school, the above student should need immediate care and or treatment as a result of injury or sickness I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative. Also, I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

CONTACT INFORMATION

Mother's Name: _____	Home Phone: _____
Place of Employment: _____	Business Phone: _____
Father's Name: _____	Home Phone: _____
Place of Employment: _____	Business Phone: _____
Personal Instrument: _____	Brand: _____
	Serial Number: _____

PARENT STUDENT AGREEMENT CLEBURNE HIGH SCHOOL BAND

Please, read and sign below as indicated:

I have read the Cleburne High School Band Handbook and agree to abide by all of the policies stated. I realize that it takes full cooperation, a willingness to make sacrifices, and dedication from 100% of the students to make our band as good as it can be. I further realize that failure to follow the stated policies or directions from the band directors will result in disciplinary action that could lead to dismissal from the band.

(Student Signature)

(Date)

I have read the Cleburne High School Band Handbook and agree to support the policies stated therein.

(Parent or Guardian Signature)

(Date)

A parent or guardian may request a review of disciplinary action. The request for the review shall be made first to the Band Director, second to the Vice-Principal for Student Activities, then to the Principal, with the right of appeal to the Superintendent of Schools. A final request for an appeal may be made to the Board of Trustees.

***IF YOU LOOSE YOUR HANDBOOK, IT IS AVAILABLE ONLINE THROUGH CHAMRSMUSIC.COM-
LOGIN: cleburnehsband IT IS THE RESPONSIBILITY OF THE STUDENT AND THE PARENT TO READ
THE HANDBOOK AND SIGN ABOVE EACH YEAR OF HIGH SCHOOL WHILE IN THE BAND PROGRAM.
IF YOU DO NOT HAVE INTERNET ACCESS, A COPY OF THE HANDBOOK CAN BE OBTAINED FROM
THE BAND DIRECTORS.

Classification
Instrument
First Name
Last Name