

**WEST CARTERET HIGH SCHOOL BAND
HEALTH/ MEDICAL RELEASE FORM**

STUDENT NAME _____

STUDENT ADDRESS _____

PARENT/GUARDIAN _____

HOME TELEPHONE _____ WORK TELEPHONE _____

PARENT CELL # _____ SECONDARY CELL # _____

INSURANCE CO. _____ POLICY NUMBER _____

MEDICAIDE # _____

ALLERGIES FOOD _____

DRUG _____

DRUGS CURRENTLY TAKING _____

DOSAGES _____

HEALTH LIMITATIONS _____

HEALTH LIMITATIONS _____

STUDENT'S PHYSICIAN _____

PHYSICIAN'S WORK TEL. _____

PERMISSION FOR TREATMENT

_____ being legal guardian or parent of _____
do hereby give my permission for emergency treatment of my child in the event of accident, injury,
or illness in the event that I can not be reached by telephone.

Parent/Guardian Signature

Date

STUDENT/PARENT CONTRACT

The student and parent/guardian are required to sign a copy of this document stating that you understand what is required of you as a West Carteret Band Member.

WEST CARTERET HIGH SCHOOL BAND CONSENT FORM

NAME: _____

SECTION: _____

STUDENT AGREEMENT:

I have read and discussed the requirements and regulations of the WCHS Band. As a member of this organization, I agree to abide by the requirements and regulations of the group as well as the school rules as stated in the West Carteret Handbook. I understand the policies governing grading, attendance, tardiness, attitude, and discipline.

SIGNED: _____

DATED: _____

PARENT AGREEMENT:

I have read and discussed with my child the rules and regulations of the WCHS Band as outlined in the Band Manual and the West Carteret Handbook. I give my child permission to participate and will help enforce all requirements and regulations of the group. I do understand the grading, attendance, tardy, and discipline policies of this band program and will encourage my child to honor this commitment in band. I also understand this commitment is a yearlong class and I support the commitment that is involved.

SIGNED: _____

DATE: _____