Butterfield Trail MS Band
Student Information Form

To be completed by a parent or guardian. **Please print in ink**. The purpose of this form is to provide as much information as possible, so that we will be prepared in case of any medical emergency.

Student Information:

Student Name: _____ Instrument: _____

Grade: _____ Home Address: _____

City/state/zip: _____

Date of Birth _____/_____/_____ Age _____ Sex _____

Student Cell # _____

Do you have texting? Circle one: **YES** **NO** Student's Shirt Size: _____

Parent/Guardian Information:

Parent #1 Name _____ Home phone _____Cell_____

Do you have texting? Circle one: **YES** **NO**

Business Name _____ Wk. Phone _____

Parent #2 Name _____ Home phone _____Cell_____

Do you have texting? Circle one: **YES** **NO**

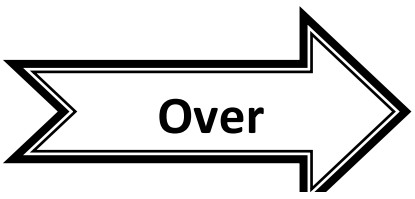
Business Name _____ Phone _____

Preferred Parent E-mail for all correspondence with band staff: _____

If person(s) named above are not available in case of emergency, list someone that we may contact.

Name_____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



Medical Information:

Name of Physician_____ Phone _____

Hospital Preference _____

Insurance Information:

Policy Carrier: _____ Group No# _____

Policy No# _____ Phone No# _____

Personal Health Information:

Allergies: Foods, medicines, plants, etc _____

	Yes	No	Explain/ Medications Needed
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Heart Problems	_____	_____	_____
Hemophilia	_____	_____	_____
High Blood Pressure	_____	_____	_____
Nose Bleeds	_____	_____	_____
Re-occurring Headaches	_____	_____	_____
Motion Sickness	_____	_____	_____
Glasses/Contact lenses	_____	_____	_____
Behavioral Conditions	_____	_____	_____
Other _____			_____

List any medications that the student takes on a regular basis. Medications will not be dispensed by school staff or chaperones at any time. **(School policy requires any medication including over the counter drugs be kept in their original container at all times. Students must inform the band staff of all medication in their possession.)**

I give my permission for _____ to participate in the **Van Buren Band program**, subject to the limitations noted herein. In case of emergency, I understand that every effort will be made to contact me. In the event that I or those contacts listed here cannot be reached, I hereby give my permission to the medical personal / center selected by the adult leader in charge to secure proper treatment. I also consent to be the responsible party for the payment of costs associated with any treatment or care provided under this authorization. I also will not hold the Band directors and/or chaperones liable for any injury that may arise as a result of the care provided by any physician, dentist, or health care facility.

I have also reviewed the policies and procedures outlined in the band syllabus provided on the first day of school, and understand that my child will be held accountable to them.

SIGN HERE

_____ _____

Signature of Parent /Guardian Date

_____ _____

Signature of Student Date