

EMERGENCY MEDICAL INFORMATION & PERMISSION FORM 2024-2025

(Student's Last Name) (First Name) (Middle Name)

(Grade) (Birth date) (Instrument or Section)

(Student's Home Address) (City, Zip Code) (Home Phone) (Email address)

(Father/Guardian Name) (Place of Business/Work) (Work Phone) (Email address)

(Mother/Guardian Name) (Place of Business/Work) (Work Phone) (Email address)

IN CASE OF ILLNESS OR EMERGENCY, THE FOLLOWING PERSON MAY BE CONTACTED IF THE PARENTS/GUARDIANS CANNOT BE LOCATED:

(Name of Friend/Neighbor) (Phone Number) (Relationship to Student)

List any Medications that your son/daughter will need to take: _____

List any health problems regarding your son/daughter that we need to be aware of: _____

Is your son/daughter under any medical treatment presently ___ yes ___ no. If yes, please list reason: _____

I, _____, the parent/guardian of _____,

have insurance coverage, which will accept responsibility should an accident or health problem arise.

Insurance Information (Company): _____ Policy #: _____

Family Physician: _____ Policy #: _____

RELEASE FORM

I understand that there will be adequate adult supervision on all outings involving the Central Cabarrus High School Band. In the event that my child suffers any illness or accident requiring emergency medical aid, I hereby authorize Mr. Adams, or his designee, to acquire any necessary medical treatment for my child, understanding that Mr. Adams, or his designee, will contact me at the earliest possible moment. I also give permission for my child to travel with the band. By signing, I attest that I will not hold Mr. Adams, Central Cabarrus High School, Cabarrus County Schools, or any Chaperones responsible for any accidents.

This signature will serve as my acknowledgement of my understanding of the information listed above and will allow Mr. Adams, or his designee, to seek medical assistance for my child should a time for such assistance ever occur.

Parent Signature: _____

Date: _____