

'08 - 09 Purple Tornado Marching Band Registration & Permission for Medical Treatment

I, the undersigned, being the parent/legal guardian of

Student's Name _____	Instrument/section _____
Mailing Address _____	Zip Code _____ Phone _____
Parent/Guardian E-mail address _____	
Student E-mail address _____	
Street Address (if different from mailing address) _____	
Date of Birth _____	Current Age _____ Grade _____ T-shirt size _____

do hereby authorize any Emergency Medical Treatment that may become necessary while participating as a member of the "Norwich Purple Tornado Marching Band." I also guarantee payment of all charges incurred during this emergency medical treatment (physician, hospital, x-ray, lab, drugs, ambulance, etc.)

This student is covered under the following hospital/medical plan(s)

Primary _____

<i>Insurance name</i>	<i>ID #</i>	<i>Group #</i>
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Secondary _____

<i>Insurance name</i>	<i>ID #</i>	<i>Group #</i>
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Family Physician _____	Family Dentist _____
Phone # _____	Phone # _____

Allergies (If none, please state...) _____

Special medical problems (If none, please state...) _____

Does this student carry medications on person? (If none, please state...) _____

Medications taken regularly include dose and how often. (If none, please state...) _____

Do you give us permission to give acetaminophen (Tylenol) to your child? YES ___ NO ___

Date of last Tetanus (Td) _____ Blood type _____
Date(s) of HepB series 1) _____ 2) _____ 3) _____

Father's Name _____	Employer _____	Phone _____
Mother's Name _____	Employer _____	Phone _____
Guardian Name _____	Employer _____	Phone _____

Can a non-custodial parent pick this child up at rehearsals/performances? Y N
Non-custodial parent name _____
Custody papers must be on file with your child's school records. Custody papers filed Y N

How can you be contacted in the case of an accident or illness? Ph _____ or _____

If you cannot be reached, who should be contacted?

Name _____ Relationship _____ Phone _____

We *MUST* have Contact Numbers!

Parent/Guardian Signature

Date

Attendance Conflict Sheet:
Please list all known absence and reasons below:

Date:

Reason: