

# WYLIE HIGH SCHOOL BAND PERMISSION/CONSENT FORM

Please PRINT legibly in blue or black ink!

Student's Name:	Student's Date of Birth:
Parent/Guardian's Name:	Student's Weight:
Home Address:	Home Phone:
Emergency Contact #:	Relation to Student:
Emergency Contact #:	Relation to Student:
Family Physician:	Physician's Phone:
Insurance Company:	Policy Number:
Insurance Phone:	Employer's Name (if group policy)
Other insurance information:	

**Parent/Guardian: Please initial beside each section below**

- \_\_\_\_\_ I give permission for my child to participate in on campus and off campus activities as a member of the Wylie High School Band, hereinafter called WHS Band.
- \_\_\_\_\_ I am aware that participating in the WHS Band may require my child to be at band activities before school, after school, weekends, during holidays, and that some trips will be out of town trips.
- \_\_\_\_\_ I agree that Wylie High School, Wylie Independent School District, and/or their representatives shall not be held liable for any accident, injury, and/or illness my child may have while involved with WHS Band activities and shall be my responsibility.
- \_\_\_\_\_ If my child is a victim of an accident, injury or sudden illness, and I/We cannot be reached by a reasonable means, I/We hereby grant and authorize representatives of the Wylie Independent School District and/or WHS Band to take whatever measures are necessary for the emergency treatment of my child. I/We understand that these measures may include emergency surgery, medications, or whatever is deemed necessary by emergency medical personnel or attending physician.
- \_\_\_\_\_ I also give permission for my child to be given over-the-counter medications as deemed necessary.

Please list <b>ALL MEDICATIONS</b> that your student is currently taking regularly:	
Please list <b>ALL KNOWN ALLERGIES</b> , including allergies to medications:	
Please list any known <b>MEDICAL PROBLEMS OR CONDITIONS</b> :	
<b>Please inform Ms. Lessing of any changes during the year.</b>	

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date