

2019-20 L.A. Ainger Middle School
Band Medical Release Form

Student's Name: _____

1st Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone#: _____

Parent Cell Phone #: _____

2nd Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone#: _____

2nd Parent Cell Phone #: _____

If unable to reach parent/guardian, notify: _____

Relationship to Student: _____

Home Phone#: _____

Cell Phone #: _____

Students General Health Information:

Does the above named student have any allergies: YES or NO

If yes, please list: _____

Does the above named student have asthma? YES or NO

Does the above named student have diabetes? YES or NO

Date of the above named students last tetanus booster shot: _____

Is there any other health history that may assist the person in charge if the above names student becomes ill? _____

Student's Physician Name: _____

Phone Number: _____

Address: _____

City: _____ Zip: _____

Authorization to Treat

I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Charlotte County School's representative. NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

2019-20 L.A. Ainger Middle School
Band Handbook Contract

Please Print Legibly. Due Friday, August 16th

Student Name _____ **Grade** _____ **Class Period(s)** _____

Instrument #1, Type of Instrument _____

Instrument #2 (if applicable) _____

Mother or _____ **First Name** _____ **Last Name** _____

E-mail

I am interested in helping the band program / Booster Group (Circle) Y/N

If yes, please attend our Parent Pizza Social on Thursday, August 15th at 6pm in the Ainger Cafeteria.

Sign me up for Remind Text Services (Circle) Y/N

If yes, phone number to use for texting Reminders: _____

Father or _____ **First Name** _____ **Last Name** _____

E-mail

I am interested in helping the band program / Booster Group (Circle) Y/N

If yes, please attend our Parent Pizza Social on Thursday, August 15th at 6pm in the Ainger Cafeteria.

Sign me up for Remind Text Services (Circle) Y/N

If yes, phone number to use for texting Reminders: _____

"I have reviewed and understand all listed information in the 2019-20 L.A. Ainger Middle School Band Handbook. I understand my responsibilities as a member of the L.A. Ainger Band and understand that I will be held accountable for the information contained within this handbook."

Student Signature _____ **Date** _____

"I have reviewed and understand all listed information in the 2019-20 L.A. Ainger Middle School Band Handbook. I understand that my son/daughter is expected to follow all listed procedures and rules. I also understand and acknowledge how my child will receive his/her grades for the school year. I also agree to help my son/daughter be a successful member of the L.A. Ainger Band Program through my support and encouragement."

Parent/Guardian Signature _____ **Date** _____