

**EMERGENCY MEDICAL INFORMATION & PERMISSION FORM 10-11**

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

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

\_\_\_\_\_  
(Student's Home Address) (City, Zip) (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 of \_\_\_\_\_, have insurance coverage, which will accept responsibility should an accident or health problem arise.

Insurance Information (Company): \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RELEASE FORM**

I UNDERSTAND THAT THERE WILL BE ADEQUATE ADULT SUPERVISION ON ALL OUTINGS INVOLVING THE MOUNT PLEASANT BAND. IN THE EVENT THAT MY CHILD SUFFERS ANY ILLNESS OR ACCIDENT REQUIRING EMERGENCY MEDICAL AID, I HEREBY AUTHORIZE MR. TULBERT, OR HIS DESIGNEE, TO ACQUIRE ANY NECESSARY HOSPITALIZATION, MEDICATION, OR SURGERY FOR MY CHILD, UNDERSTANDING THAT MR. TULBERT, 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. TULBERT, MOUNT PLEASANT HIGH SCHOOL, CABARRUS COUNTY SCHOOLS, OR ANY CHAPERONES RESPONSIBLE FOR ANY ACCIDENTS.

↓↓↓↓↓↓↓↓↓ **READ THIS** ↓↓↓↓↓↓↓↓↓

A NOTARY CAN BE FOUND AT ANY BANK, POST OFFICE, OR GOVERNMENT CENTER. THERE ARE TWO NOTARYS IN THE MOUNT PLEASANT HIGH SCHOOL ADMINISTRATIVE OFFICE. YOUR HEALTH FORM, IN ORDER TO BE A LEGALLY BINDING DOCUMENT, MUST BE SIGNED IN THE PRESENCE OF A NOTARY. DO NOT RETURN THIS FORM TO MR. TULBERT WITHOUT A PARENTAL SIGNATURE AND THE SIGNATURE OF A NOTARY AT THE BOTTOM. IN THE EVENT A HEALTH AND PERMISSION FORM IS RETURNED WITHOUT NOTARIZATION, IT WILL BE RETURNED AND THE STUDENT WILL NOT BE ABLE TO PARTICIPATE WITH THE BAND UNTIL THE PAPERWORK HAS BEEN PROPERLY HANDLED.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Seal \_\_\_\_\_ My commission ends \_\_\_\_\_