

Dear Parent/Guardian:

It is **mandatory** for all marching band members to have a completed student medical / health record form and a signed permission slip on file **before** the first day of camp your student attends, whether it is Color Guard camp, Freshman camp, or general Band camp. Complete all of the information on the opposite side of this form as well as the permission slip below. Please be aware that both forms must be filled out even if your child is a returning marching band member. The law requires that we must have **current** information.

***** NOTE: Because the band will travel out of state, it is necessary To have the student medical record form notarized with the notary's raised seal stamp. *** FYI: Notaries will be available at Band Parent Meetings and can be found at all banks.**

If you have any questions, contact Mike and Lora Graves, Membership Co-Chairs at: pld.band.membership@gmail.com or 859-223-3744

PLEASE COMPLETE BOTH SIDES OF THIS FORM

**PLD BAND TRAVEL PERMISSION SLIP
2010-2011**

I grant permission for my child, _____, to go on authorized school competitions and concerts with the Paul Laurence Dunbar High School Band during the 2010-2011 school year with the understanding this includes local trips, during both the marching season and the concert season; along with one (2) overnight trips to:

**October 1- 3
November 5-7**

**BOA Regional, Kettering, Ohio
BOA Regional, Indianapolis, IN
Lucas Oil Stadium**

Date _____ Signature _____
(Parent or Guardian)

**STUDENTS TRANSPORTED BY PRIVATE VEHICLES ARE
NOT COVERED BY FCPS LIABILITY INSURANCE.**



Paul Laurence Dunbar High School Marching Band

2010 – 2011 Student Medical Record

For the protection and well-being of your child, it is imperative that ALL parts of this form be completed.

Part I: Student Information

Last Name _____ First Name _____ Middle _____
Address _____ Zip Code _____
Phone _____ Date of Birth ____/____/____ Age ____ Male ___ Female ___ T-shirt Size: S M L XL 2XL 3XL (Circle one)

Part II: Parent/Guardian Information

Parent/Guardian Name _____ Relationship to Student _____
Address _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Parent Email Address _____

Part III: Medical Insurance Information

(This section MUST be completed even if you give your child medical/insurance card)

Medical Insurance Provider _____
Policy Number _____ Group Number _____
Name of Insured _____

Part IV: Medical History

Allergies: Foods ____ Medicines ____ Insects ____ Plants ____

Explain _____

List any medications your child is currently on and reason _____

List any existing physical and/or medical conditions that may affect your child _____

Physician _____ Phone _____ Date of last Tetanus shot ____/____/____

Part V: 'Over The Counter' Medications Information

(Please check common 'OTC' medications you will allow administered to your child if needed)

Acetaminophen (Tylenol) ____ Ibuprophen (Advil) ____ Naproxen (Aleve) ____ Antihistamine (Benadryl) ____
Antacid (Rolaids, Tums, etc.) ____ Pepto-Bismol ____ Other ____

Part VI: Treatment Permission

This certifies that, to the best of my knowledge, _____ is in good health and may take part in the Paul Laurence Dunbar 2010-2011 Marching Band season; which will include physical as well as musical aspects of the program.

I further authorize any certified medical personnel to proceed with emergency medical treatments, x-rays, anesthesia, surgical operations, etc. in the case of an accident, or health emergency involving _____ knowing the camp and/or band director will contact me as soon as possible. I understand that no one connected with Paul Laurence Dunbar High School or the Paul Laurence Dunbar High School Band Parent's Association assumes liability for any injury incurred by the participant. I also understand that any and all necessary treatment(s) shall be at my expense and I agree to pay all medical costs incurred by my child including hospital bills, physician fees, and ambulance fees.

Parent or Guardian Signature Date Relationship

STATE OF KENTUCKY, COUNTY OF FAYETTE

Subscribed, sworn, and acknowledged before me on this the _____ day of _____, 2010.

My commission expires _____
Notary Public, State of Kentucky at Large